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No. 1

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TIMOTHY FIELD ALLEN, A. M., M. D., LL. D.\*

“Green be the turf above thee!  
Friend of my better days.”

It was a criticism of some work of his that procured for me an acquaintance with “Tim” Allen. He had published a paper in the *Transactions of the New York State Homœopathic Society* (vol. 6, page 452), and I had written a criticism thereof in the *American Homœopathic Observer* (vol. 7, page 12). He had understood me and therein he is one of the few who have been capable of “sizing up” so insignificant a quantity as my little self.

Although the criticism left him, as an anatomico-physiologist, not an inch to stand upon, he wrote to me acknowledging the validity of the critique and most unduly praising me. *The truth first*: that is the key to our departed fellow-workman’s character.

He perceived that I was criticising the *thing done* not the *earnest doer*.

Constantine Hering, Carroll Dunham and T. F. Allen are the only three who, in nearly half a century of experience with physicians of all degrees, have justly judged me. (Amongst my MSS. treasures perhaps I prize most dearly a letter of Constantine Hering. In reviewing some published work of his truth compelled me, as a critic, to correct an error. “I can afford to make a mistake,” he wrote to me, and his stupendous life-work justified the proud declaration. He had not had the time to cultivate that field in which my slothful leisure had made me comparatively “at home.”)

It is not generally known that a somewhat “impassioned” paper of mine in the old “Observer” was the “exciting cause”

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\* N. B.—Not one of those “bargain counter” diplomas.—S. A. J.

of the *Encyclopædia* that we all know as *Allen's*. Readers of the "Observer" may remember it; I know I ever shall, because Carrol Dunham, then on the eve of his departure for Europe for the rest he would not be allowed at home, wrote me a severely chiding letter, saying in effect that he fully recognized the need for such a work, but was afraid my "impassioned appeal would precipitate an incomplete work." (Letter, *penes nos.*)

The "impassioned appeal" fell on deaf ears, saving only those of our departed fellow-workman. With characteristic "Yankee" pluck he wrote to me to know if I would join him in producing the work—taking as my share all the provings in the English-speaking tongue. How gladly I responded, and also procured for him the coöperation of Dr. T. C. Fanning—one of the most faithful translators from the German we have ever had—to aid him in regard to those in the German language.

Alas! the devil of discord "got in his work" and we parted with mutual bitter feelings. But Dr. Allen had secured the aid of Dr. Richard Hughes, and thus he bravely undertook the really Herculean task; but not until the devotion of the late F. E. Boericke and A. J. Tafel had assured him that they would assume the large responsibility of publishing the work.

While Dr. Allen and I were "mad at each other," death robbed him of a dear child. I, too, had been "touched to finer tissues" by the fell D stroyer, and in the fullness of heart-sympathy I wrote Dr. Allen a sympathizing letter. Then our petty differences were buried with our departed dear ones.

I wonder if our sordid school will ever realize what it meant to assume the editorship of *The Encyclopædia*? If they can ever learn to even dream what the acquirement of the necessary literature cost Dr. Allen, to say nothing of the expense of the clerical aid which he was obliged to procure? And all the while he was conducting a practice to earn the bread and butter necessities of life!

The *Encyclopædia* is confessedly abounding in errors; it has been pronounced "absolutely unreliable," and this because of a few errors and some mis-translations. I, myself, have condemned these fallings short—as a critic, in duty bound so to do. In the first volume of the *Encyclopædia* have I not pasted a deprecatory letter from the junior of the magnanimous publishers?

"I carefully read your review of Allen, and am obliged for the compliments paid to the publishers. You have, however, so little to say as to the intrinsic merits of the work that the reader will be forced to consider it one-sided and ungenerous."

“Were I the author of the *Encyclopædia* I would stop short in my labors and publicly call on Dr. Jones to carry on the task *and do better*. However, this is my own private opinion, and I spoke to nobody about your article except to friend Lilienthal.”

“Friend Lilienthal” gave me the nearest thing to a damning of which his sunny soul was capable; but I took both oburgations without a word of reply, knowing that a pretty good translation is very like that most questionable article, “*a pretty good egg!*”

Tafel never knew, though Lilienthal did, that I coaxed Carroll Dunham to pronounce upon the work, which he did after a most careful examination of the rendering of “Aconite,” consulting everyone of the original sources for the purpose. True, he pointed out some lapses, but he wrote to me that “Allen had succeeded *far beyond his expectations*.”

(I learned to my profound regret that there were those high in reputation in the homœopathic ranks who, while they would not undertake the work that Dr. Allen had assumed, were jealous of him for presuming to provide for the crying need of the school. God help us all, for we are little creatures!) Dr. Allen’s characteristics were indomitable pluck and Yankee go-a-headativeness. A critical scholar he was not; his “go” prevented that calm deliberation which swears by the dot over an i and assures itself that it is *not* a fly-speck!

At the same the *Encyclopædia* can compare favorably with the “Symptomen Codex,” which dear Dr. Hempel translated for the niggard pittance of ten cents a *printed* page—God save the mark!

Dr. Allen’s training, under Drs. P. P. Wells and Carroll Dunham, had served to make him verily a “homœopathic” physician—a species which I fear is rapidly becoming extinct! Dr. T. F. Allen was able to realize the possibilities of homœopathic therapeutics—let us hope that his mantle has fallen upon the son of his loins, to whom his father’s good name is indeed a possession forever.

Let the school learn its unspeakable debt to T. F. Allen, and let any reader of these lines pardon me for violating the confidence of a private letter. The hand that penned it is nerveless and the ears of him that wrote are dead to either praise or blame.

“10 East Thirty-sixth St., Aug. 25, '79.

“PROF. SAMUEL A. JONES, Ann Arbor, Mich.

“*Dear Friend*: Many thanks for your kind congratulations.

The work cost me a deal of worry; it seemed at times that any extra trouble would *break* me, and now no congratulations are so precious to me as yours. God bless you!

(Signed) "T. F. ALLEN."

"When you review the tenth volume let me ask you to notice the revision of *Æthusa*, which cost me some trouble."

"Chapin's provings of *Apocynum* throw new light on its heart-relationship to *Digitalis*."

(Alas! the environment in Michigan precluded the writing of any review of the tenth volume. Detraction, calumny and the subornation of witnesses to that which had never occurred left no time for writing "reviews.")

"It seemed at times that any extra trouble would *break* me!" O, fellow-workman, thou couldst not be broken until thine appointed work was done, and thou didst it, and, doubtless, wast "broken" *prematurely* therefor; worn out before the leaf had fully seared. But, thou hast gone from the perishable to the imperishable and the guerdon of all faithful work, "well done," is thine. Hail and farewell!

S. A. J.

---

## REMEDIES FOR TEMPERAMENTS AND DIATHESIS.

By W. A. Dewey, M. D., Ann Arbor, Mich.

There is no more interesting and necessary study for the homœopathic physician than that of constitutions. Homœopathy deals with *individuals* primarily and the special and morbid tendencies of these individuals. The peculiarities of our patients demand our first attention, and although the scope of this paper cannot more than enter this almost inexhaustible field, it is to be hoped that something practical may be elicited in it and the discussion that it is hoped will follow.

Hahnemann never left a truer lesson on the pages of his writings than when he taught us to regard the uncommon, peculiar and characteristic symptoms of the patient as paramount, and the most successful prescribers of our school from all time have verified the value of the lesson many times over.

Recent works on medicine pay but little attention to diathesis or temperament. Bacilli and their toxins rule the day, yet

for these the soil must be in a receptive condition and its nature determines the modification and speed of their growth. In other words, there must be a special inclination of the patient to a specific disease beside the mere accident of germ infection. Also in diseases wherein, so far as we know, germ infection plays no part, there are often modifications of individual influence.

What is meant by temperament? Jonathan Hutchinson, in his "Pedigree of Disease," defines it as "The sum of physical peculiarities of an individual exclusive of all tendencies to disease." He further points out that different temperaments give different degrees of peculiarity to disease, but they do not evolve the disease itself. A strongly marked temperament is consistent with perfect health.

What is meant by diathesis? According to the same authority a diathesis is a bodily condition in which an individual is prone to suffer from some peculiar type of disease, some diathesis being acquired, others inherited; some are of a transient nature, some permanent. In other words, temperament is physiological and diathesis pathological. Diathesis should not be confounded with dyscrasia, which term implies "the immediate and peculiar effects of disease;" nor with cachexia, which expresses an extreme degree of bodily debility consequent upon advanced and severe disease. In recapitulation, temperament implies health, diathesis a tendency to disease or perhaps a latent disease, while dyscrasia and cachexia are morbid conditions.

There have been many attempts to classify temperaments and constitutions and also diatheses. We are all familiar with Hahnemann's three dyscrasias, psora, sycosis and syphilis, corresponding in remedies to *Sulphur*, *Thuja* and *Mercurius*, respectively, and as a practical working hypothesis it has stood the test of time. We know also of Grauvogl's constitutions, called the hydrogenoid, the oxygenoid and the carbo-nitrogenous, each of which has its list of remedies.

The classification of temperaments into sanguine, nervous, bilious and lymphatic, with their varying tendencies, is a most useful one and will often give valuable indications as to the environment in which our remedies exercise their most favorable action. They are useful additions to our means of finding the simillimum.

Throughout nature this is illustrated. A plant will thrive best in that soil and exposure best suited to its peculiar needs, one cor-

responding to its special character. Those who have ascended mountains will recall what clearly defined boundaries and character of soil the different varieties of trees and plants choose. Within their respective belt they thrive and rejoice in their vigorous life. They grow to some extent above and below that belt until the conditions are such that they can no longer exist. It is precisely so with drugs in their capacity to manifest their peculiar life-disturbing function. Each drug has its own special temperament, condition, modality, times and season that suit it *best of all*, and within which it is able to show its genuine and real character.

Let us briefly call attention to some of these conditions of our remedies.

*Aconite*. This is par excellence a remedy for the sanguine temperament and rarely a remedy for any diathesis; it suits the robust constitution, the full, active circulation; the rapidity with which such a temperament is invaded. the circulatory storm that sweeps these constitutions, the tendency to congestions, all point to *Aconite*. *Gelsemium* with its sickly apathy, its dulness, drowsiness and stupidity will never find a place here.

*Causticum*, however, suits those of dark hair, rigid fibre, and greatly resembles *Aconite*. *Ferrum* and *Aurum* are also sanguine temperament remedies.

*Nux vomica* and *Ignatia* are two great remedies for the nervous temperament; *Nux* for males and *Ignatia* for females. *Nux* acts best in spare, slim people; not so well in the fleshy, the irascible, the quick acting, the sallow and yellow. It may counterfeit the sanguine at times with its red cheeks, but these are on a yellow background, and this shows the bilious mixture, for seldom are temperaments pure. Such patients will suffer from mental strain and are worse from inactive, sedentary habits. A suppression of this nervous activity results disastrously.

*Sepia* acts well in men and women who are puffed and flabby, who have a yellow, blotched, brown and dirty skin; who are inclined to sweat in the armpits, genitals and back; who suffer from hot flashes and morning headache. In other words, a mixture of the lymphatic and bilious.

*Pulsatilla* is a purely lymphatic remedy. Note its timorous, fearful state of mind and sluggish venous conditions. This effeminate disposition, this blue-eyed, freckled damsel that hasn't much of a will of her own, lacks backbone, is the very type that offers

the most suitable soil for the action of *Pulsatilla*. To be sure *Pulsatilla* can act under less favorable conditions, can show its power, for instance, on a high-strung, passionate, determined gentleman from the South; but here our drug is hampered and dwarfed in its action. Remember a drug's best natural soil, but do not forget that it can act in other less favored individuals.

*Sulphur*. This is another remedy for lymphatic constitutions, suiting like *Pulsatilla* the light-complexioned, easily angered, though, too, it suits the dark, being a mainstay in the treatment of the negro, but here perhaps owing to the large amount of scrofula in this race. The skin eruptions, the offensive odors, the sluggishness of the lymphatic temperament is here.

*Agaricus* is suitable to light hair, lax skin and muscles, and to old people with indolent circulations.

*Alumina* and *Conium* suit dry, thin, withered subjects and old people.

*Graphites* is applicable best to the fleshy, sad, constipated individual with inclination to delayed menses.

*Secale* suits the tall and scrawny, the lax muscular fibre, the feeble and cachectic, the old and decrepit.

*Silicea* suits the large headed, the defective growing, the nervous, the non-resisting, the leucophlegmatic and sanguine.

*Calcarea carbonica*. This a remedy for the large, fat, unwieldy body, the rapidly growing, the sluggish, the over-active, the self-willed; but the great field of this remedy is in the correcting of diatheses to which it is specially adapted.

*Thuja* is a remedy for the dark, black haired, the dry fibre, those of a lymphatic tendency and lethargic nature.

All this is but suggestive and might be enlarged upon to entirely beyond the limits of this paper. The lesson I would impress is the value of taking these temperaments into consideration in prescribing, and this may be well illustrated in treating a *Bryonia* or *Rhus* rheumatism in a *Nux* temperament. An occasional dose of *Nux* will surely and certainly help in the cure. The treating of a *Ceanothe crocata* epilepsy in a *Calcarea* temperament will be forwarded by a dose or two of *Calcarea* as an intercurrent.

DIATHESSES.—There are many conditions called diatheses, and oftentimes it is difficult to say where a diathesis ends and a dyscrasia begins.

Constitutional syphilis, for instance, is a dyscrasia. A malarial diathesis is different from a malarial cachexia; the former is an

acquired tendency to contract the malarial poison, and the latter is constitutional saturation with the poison.

The so-called *Oxalic acid* diathesis is a form of dyspepsia which is perhaps frequently characterized with sudden outbursts of irascibility among other symptoms. The scrofulous diathesis is practically Hahnemann's psora theory, and its two forms, different phases; one is tuberculosis, and here *Aurum*, *Pulsatilla*, *Agaricus* and *Calcarea* are the remedies; the other is a phlegmatic form which is an attenuated tubercular, and points to *Mercurius*, *Hepar*, and *Silicea*.

The tonsillar diathesis, with its glandular enlargement and narrow chest, is one that may require such remedies as *Baryta carbonica*. This diathesis nearly always improves at puberty, and therefore it is mostly useless to remove tonsils and vegetations. The proper treatment is gymnastic exercises to improve the chest capacity; when this is done the lymphoid tissue will surely disappear by atrophic changes, and the enlarged glands will become normal. I have observed this in a large number of cases. *Calcarea* and other remedies will work wonders in this diathesis.

In the gouty diathesis heredity is marked, and remedies like *Nux*, *Lycopodium*, *Staphisagria* and *Coccus cacti* will be needed. *Colchicum* will not cure in a purely *Colchicum* case engrafted upon a *Staphisagria* constitution unless that remedy be given as an intercurrent. The alternation of our forefathers in Homœopathy was based largely upon this application of remedies.

The hæmorrhagic diathesis will call for remedies like *Phosphorus*.

The rheumatic diathesis, in which, by the way, throat affections are common, will require remedies like *Actea*, and perhaps some of the potash preparations.

The catarrhal diathesis is quite similar to the rheumatic; such subjects take cold easily, they have coryzas, diarrhœas and dermatites. *Pulsatilla* seems to be the great remedy in these cases; for the attacks, of course, *Aconite*, *Bryonia* and *Arsenicum* will be needed, but to correct the tendency the constitutional remedy may be sought for. Hering suggested *Senega*, which he says suits phlegmatic or fat people predisposed to catarrh, or to the sluggish who react from colds indifferently. It is a remedy that will repay a careful study.

The uric acid diathesis, we are told by our old school recent authorities, is passing, but as long as we have *Lycopodium*, *Ben-*

*zoic acid* and *Sarsaparilla* we will not be troubled with diseases complicated with it.

Finally, there is one warning note that I would sound, and I believe that it cannot be too strenuously heeded. That is, if we wish to preserve the landmarks and traditions of our school intact, we must oppose compulsory medicine in all its forms, we must oppose the passing of laws to compel the administration of antitoxin, of anti-scarlet-fever serum, of anti-universal infectious disease serum, and compulsory vaccination. Just so sure as we stand idly by and permit these laws to be passed, just so sure some day we will wake up and ask where we are at. Admitting that there is some virtue in all of these procedures, that vaccination immunizes from small-pox in some cases, that antitoxin has improved the diphtheria statistics of our old school friends and those of our own school who study not our *Materia Medica*, we cannot stand idly by and see laws passed to rob us of the great cardinal feature of Homœopathy, namely, the individualizing of our cases. It is to us that patients apply for aid, it is to us they come for treatment, and, whatever be the disease, the family physician and not the board of health, the examining board, or the State Legislature should have the say.

Temperaments and diatheses are a part of the study of our cases, and the old adage of what is wholesome for one person is poison for another is a part and parcel of our system of therapeutics.

---

## A TARANTULA CASE.

By W. Moore, M. D.

On Sunday, October 5th last, an employee in a confectionery in this city, in attempting to fill an order for some bananas for a customer, who was in waiting for them, was severely bitten or stung by a tarantula who was hidden in the meshes of the fruit. Of course he was badly frightened, and relinquishing his temporary business ran to a drug store on a corner of the same square, where some *Iodine* was applied to the wound, and then in search of a physician for further advice.

About thirty minutes later he accosted me on the street, near my office, to which he accompanied me, where the wound was examined. The thumb of the right hand was the seat of the

injury, which was greatly swollen and painful, the pain extending to shoulder. The case was an entirely new one to me. Although in practice for more than fifty years, and living where bananas were in market for a much longer period of time, I had never seen a case of tarantula poisoning, nor even heard of a case in this city. Nothing daunted, however, as Homœopathy had always served me without failure in all conditions of blood poisons, I took charge of the case with full confidence.

I first cleansed the wound of the *Iodine*, then applied a solution of *Tarantula* 30x, and advised three discs every two hours, saturated with the same dilution, and directed him to give himself no uneasiness about the matter, and report himself to my office the following morning. I am happy to say that he materialized, as I had expected, having had a reasonably good sleep and much less pain, and swelling greatly diminished, with undisturbed appetite, bright, cheerful and hopeful. Redressing the wound as before I advised a continuance of the discs, but less frequently. The case progressed satisfactorily, and after third dressing was discharged with advice to continue the discs twice a day for a week or more. I am pleased to say that the young man lost not an hour from business.

In the RECORDER of November 15th, I read of a case of *tarantula poisoning* copied from Fort Wayne *Medical Journal*, and the treatment there given leads me to say that I think it would be difficult to determine, from a homœopathic standpoint, what cured or *saved* the victim of the tarantula poisoning.

In reading reports of polypharmacy treatment in serious cases, whether of blood poisoning or otherwise,\* I realize that *some people do recover*; but I will venture to suggest that any man in full health submitting to be drugged after that fashion would emulate the wise man in making a will before making the attempt to solve the problem of how much the human system would bear of such polypharmacy poisoning without fatal results.

*Terre Haute, Ind.*

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### THAT "HARD BOILED EGG" SYMPTOM.

Editor of the *Homœopathic Recorder*.

Permit me to offer a kindly resentment of the "Waterloo tendency of Abies," hard boiled eggs in the pit of the stomach "symp-

toms," as set forth in Dec. issue of Recorder. I can recall with much distinctness three cases, one of which is but recently passed, which were thoroughly relieved by *Abies* in a medium potency (8x). The keynote in each was the above mentioned symptom, the other symptoms being common to gastric digestion. In one case of long standing there was a feeling a chain of hard balls extending from lower end of sternum to throat, while in the other was a feeling of a stiff straight tube extending from sternum to throat. These symptoms are nicely explained, from a standpoint of physiology, in an article published in the *N. Y. Medical Record*, June, '02, entitled the "Role of Inhibition."

E. H. T.

## HOMŒOPATHIC CURES.

By A. W. K. Choudhury, M. D.

### Graphites in Ulceration.

1. Case Book XV.; Case No. 64.

A child of about one year and four months came under my medical treatment on March 31, 1902. This little patient had been suffering from an ulceration for about a week back. This ulceration was situated on the anterior side of the outer part of its left ear, bleeding sometimes; scratching and then bleeding; stool knotty.

Father syphilitic before birth of patient; mother with diarrhœa and epistaxis.

It was given *Graphites* 30th; another dose was given April 4, 1902. The patient recovered without any further medicine. It was under my treatment until the fifth, but getting placebo in the interval.

### Sulphur in Intermittent Fever.

2. Case No. 61 of the above Case Book.

A Mahomedan boy of ten years came to my dispensary March 29, 1902, for treatment of intermittent fever of seven months' duration.

History and symptoms of the case: Relapsing, last relapse four days ago; this last relapse with the last full moon; says he has relapse full or new moon, and relapse continues four to six days; uses no medicine and recovers without any medicine.

Bowels open, stool hard, knotty; no diarrhœa or soft stools; threadworms, pricking at anus, tongue clean, taste in mouth bitter, heat of vertex, slight enlargement of spleen, pain under percussion on right hypochondrium and epigastrium.

Never had itch, eruption or ringworm. Was given *Sulphur* 200; two doses given in two days. *K'hoi*, milk and sugar-candy for diet; not to continue bathing.

1-4-1902. No more fever; bowels open daily once, stool knotty and sometimes formed, but better than before; no threadworms, no more pricking at anus, taste better than before, no more heat of vertex, sleep better, urine red as before.

Repeat two doses during the week, with another on the seventh.

Reported the 16th inst. that he was all right; required no more medicine.

*Result.*—Recovery.

*Remarks.*—He was under my treatment for eighteen days and during this period he was given only five doses of medicine. On the second day of his attendance he reported "No more fever." It's good news to homœopaths that a malarious intermittent fever patient of seven months' duration has no more fever after the first dose of the prescribed medicine. His father, who is a patient now (writing in September 7, 1902), reports that his boy, the above-mentioned patient, has been getting on well; no complaints during these six months.

### Colocynth in a Case of Diarrhœa.

3. Case Book XV.; Case No. 159.

Patient, a Mahomedan adult of twenty-eight years, came under my treatment the 18th of July last.

History and symptoms of the case: Three thin stools, excessive griping in abdomen near navel, relieved under pressure; griping before and after stool.

Treatment, *Colocynth* 6, four doses, to be taken every half an hour.

The next day he was all right.

*Remarks.*—His pain in abdomen was so very excruciating that he was compelled to ask my aid after the third stool. He enjoyed sound sleep after the third dose. I have seen sound sleep follow in many, many cases of various diseases after a few doses of homœopathic remedies, curing the cases as it would be quite impossible for any allopathic hypnotic to do.

*Satk'hira P. O., Calcutta, India.*

## A PROVING OF TUBERCULINUM (BACILLINUM).

By J. Henry Hallock, M. D., Saranac Lake, N. Y.

At an old school laboratory in this place they do much experimenting with cultures of the tubercle bacilli.

These cultures are grown and regrown on such material as bouillon, until quite a high attenuation is reached.

At one stage of this process of attenuation the material is ground very fine in an iron pulverizer.

A young man who did the grinding for some time complained that each time he did it he was sick for several days following, much to the amusement of the physicians attending.

Upon his objecting to grind one day, the doctor in attendance said, "I will grind it myself, for it can hurt no one."

Next day he was in bed with many of the symptoms of acute tuberculosis.

Prominent among these were fever with headache the entire day and slight chills. There was loss of appetite and a tickling cough.

These symptoms subsided in three or four days, but left him feeling that he had been sick.

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## A BELLADONNA CHARACTERISTIC.

A man aged seventy-seven, so demented that he is scarcely able to make known his wants or safe to be out on the streets unattended, was taken ill with a dull, heavy pain in the left hypochondrium, extending down to the iliac fossa. There was slight fever, the tongue carried a yellowish-white coat, and there was but little appetite and no thirst. During the night before I saw him he had slept but little, and moaned at every breath while awake.

He presented no especial *Belladonna* symptoms save the moaning at every breath, and yet this remedy in the third decimal solution, taken each hour, relieved the pain entirely after a few doses, and really cured him in twenty four hours, to the great delight of his attendant.

But for this "moaning at every breath," so characteristic of *Belladonna*, this remedy would have scarcely been thought of, and yet ignoring the symptoms of indigestion and prescribing on this one characteristic symptom alone the case was speedily cured.—  
*B. in the Critique.*

### HOMŒOPATHIC TINCTURES—SOME SOUND ADVICE.

Before us lie two letters asking how to dilute specific medicines so that the dilutions can be used instead of homœopathic mother tinctures. These are but examples of numbers that come with the same expression. As a rule, the writers are homœopathic physicians out of reach of a homœopathic pharmacy and needs must turn to a similar line of remedies at command, and, finding specific medicines to be of greater strength, ask for information because of this necessity. But in some cases it is because of a desire to purchase the concentrated specific medicines and dilute them to required degree, thus saving a few cents on each ounce.

Physicians of the homœopathic school should bear in mind the fact that their school has been made a possibility by the good work given them by their homœopathic pharmacies. Had it not been for this care, in our opinion, there would to-day have been no homœopathic school of medicine. To have depended on the remedies evolved by their antagonists or rivals would have been suicidal. To have attempted to practice—much less build up an aggressive school in medicine—by depending on remedies found in commerce, would have been fatal. Bear these things in view, you of the homœopathic school who feel like deserting the men who put their shoulders to the wheel in behalf of the school whose diploma you hold.

Recognizing the compliment paid eclecticism when such questions are asked concerning eclectic medicines we still must frankly say, in our opinion, if homœopathic physicians allow themselves to become searchers after cheaper substitutes by which to replace homœopathic remedies, even to the purchasing of the more concentrated specific medicines with the object of diluting them, the greatest blow that can be struck at the usefulness of the homœopathic school will be given it.

Let credit be given to those to whom it is due. Let the practitioner of Homœopathy remember that his pharmacies must needs charge fairly for the care and labor necessary to the proper manufacture of their productions, for these preparations are sold in small amounts—very small. Let him consider the question as to where will he be if he crushes his friends at home in his search for something stronger than the mother tinctures to dilute to cheapen his preparations. In emergency cases it is necessary to

turn to outside remedies, in cases where recognized homœopathic remedies cannot be obtained it is proper to make dilutions of specific medicines; but it is vitally necessary for the credit and for the very existence of the homœopathic school, that the old standard homœopathic pharmacies be supported loyally by the homœopathic profession, and that the utmost encouragement be given them to make the very best remedies possible. A few cents increase on the ounce is not a consideration. Give your orders for homœopathic medicines to those who have stood by you in the past who do an honorable business, and who stand yet faithful, aiming to serve you honestly and fairly.—*John Uri Lloyd, in Eclectic Medical Journal for December, 1902.*

### INSOMNIA CURED BY COFFEA.

By Dr. A. C. A. Hoffman, Gouda, Holland.

Translated for the HOMŒOPATHIC RECORDER from *Allgem. Hom. Z.*,  
October, 1902.

Mr. R., son of the burgomaster and himself a teacher in Amsterdam, has been suffering for several years from an almost complete insomnia, in consequence of the severe studies called for by examinations. Vivid fantasies occupy his mind almost during the whole night, excluding sleep. He has been repeatedly under hypnotic treatment in the largest psycho-therapeutic establishment in Holland, kept by Dr. Van Reutergen, in Amsterdam, but without any practical results.

On August 27th I was dining in Amsterdam with my friend W., who is also a teacher, and, being unmarried, is living with Mr. R. Mr. R. was telling me of his troubles. Mr. W. said: "Now, Hoffman, give Mr. R. some of your little pills." I seized my cup and gave as a toast: "*Coffea* will help you, O, nervous youth!"

I prescribed *Coffea*, I am not sure how whether it was 3 d. or 6 d., ten drops to be taken with water in the evening.

Mr. W. was my guest in Gouda on September 7th and reported: "My colleague, R., is better."

Mr. R. himself wrote on September 15th: "It gives me pleasure to report that your homœopathic remedy has a very (very underscored) favorable effect on me! When I once go to sleep I do not wake up all night. I also go to sleep much sooner, generally within one hour, while formerly I would be chasing phantasies for hours."

## BAPTISIA TINCTORA.

A. J. Clark, M. D., Loveland, Col.

While *Baptisia* has some popularity with homœopaths it is not appreciated to the extent its powers demand. It is not a general specific in any type of fever, but, like all other remedies, has its own sphere of action, which lies in a certain pathological condition, represented by certain symptoms. It exerts a marked influence on the blood and vascular system, the nerves of sensation, and on the intestinal lesions common to low types of fevers. I have found it an invaluable remedy in certain forms of gastric and typhoid fevers. In ulceration of the mouth and fauces, with fœtor, it is the best remedy I have ever known.

In a malignant form of ulcerated sore mouth, with profuse flow of saliva, almost unbearable fœtor and great prostration, with no benefit from the use of *Merc.*, *Nitric acid*, *Kali chlor.* or *Kali permang.*, after much study we are led to *Baptisia*, which proved to be the specific for that epidemic. Using the first decimal internally and a wash prepared by putting a teaspoonful of the tincture in half a pint of water, alternating the medicine and the wash every one or two hours.

I have since that time used *Baptisia* with a great deal of satisfaction in both scarlet fever and diphtheria when there was much fœtor with other symptoms indicating its use. Much fœtor is the leading indication for the use of this remedy. Hale says "that when applied in the form of a wash to ulcers, mucous surfaces, etc., where there is a tendency to putrescence of the fluids and solids, gangrenes, fœtid discharges, it is said to correct the conditions alluded to in a very prompt manner." King says "that it acts powerfully upon glandular systems, increasing all their secretions." The general action of *Baptisia* upon the nervous system is that of a sedative, causing a degree of paralysis both of sensation and motion.

In Scranton, Pennsylvania, we had one year a bilious-remittent fever, with a tendency to a typhoid condition. The fever was generally ushered in with a chill, followed by fever, with severe aching in the muscular portions of the body, pulse ranging from 100 to 130, better in the morning, worse in the evening. The pain in the head was not generally acute, but a dull, bruised ache. The whole body felt as if bruised and lame. Patients

complained of feeling tired; tongue dry, brown or with a red, dry center. Faintness and giddiness on rising, or attempting to sit up, and in some cases severe vomiting; a good deal of thirst; bitter, sickening taste in the mouth; sinking sensations in the stomach; diarrhoea, with pain and soreness in the bowels; the evacuations light yellow or brown, thin and watery. Fœtor more or less marked. Urine usually very high colored and offensive.

Under *Bry.*, *Arsenic* and some other remedies cases terminated favorably in from seven to fourteen days. Many cases proved fatal under allopathic treatment, and where they recovered the fever continued twenty-one and even forty days. At this time my attention was drawn to *Baptisia*, and as there were many leading symptoms of it in these cases we determined to use the new remedy. The first case that came under the remedy terminated with a profuse sweat on the fifth day. Other cases ran three, four, five, and the longest nine days. In less than twenty-four hours after giving the *Baptisia* the dryness of the mouth and tongue, the sensations of soreness and the fever were noticeably relieved. From my experience with it I believe it to have the power, when indicated, to abort typhoid fever. I have had the same gratifying success with it in several cases of pneumonia with fœtid expectoration.

During an epidemic of measles, I had in three families nine cases of black measles. The breathing was very remarkable. A panting or fluttering so rapid you could not count the respirations. This would continue some minutes, and then cease for a minute, and the child appear as if dying; then the rapid respirations would commence again and this would continue hour after hour, the little patients rapidly weakening. The mouth, lips and all around the mouth and the nose were black seemingly due to the breath. The exanthem showed a little in the edge of the hair and on the forehead, but nowhere else. Remedies were given with but little perceptible benefit. I was up against a stone wall and thought that I must lose my patients. The fœtor was very great, so in desperation I put ten drops of tincture of *Baptisia* in a glass two-thirds full of water and gave a teaspoonful every fifteen minutes, with marvelous results, saving every one of the nine cases. The rapid panting, the dryness of mouth and nose were soon relieved and after a time perspiration followed then the development of the eruption. Have I not good reasons for speaking a good word for *Baptisia*?

(Read before the Colorado Homœopathic Society.)—*The Critique.*

**HOMŒOPATHY IN DIPHTHERIA.**

By C. E. Fisher, M. D., Chicago.

As an evidence of the ability of Homœopathy, pure and undefiled, in malignant diphtheria, the following case, one swallow toward a summer, may prove of interest:

Mr. Eugene B., a young man of twenty-four, graduated last summer from the engineering department of the University of Wisconsin and employed as assistant engineer by the American Bridge Company in the construction of the State and Randolph street bridges in Chicago, applied in my office for treatment for sore throat on the afternoon of Saturday, September 20th. I have been particular about the individuality of the subject that whatever of query may arise in the mind of a doubting Thomas about the authenticity of the report of a case of malignant diphtheria cured homœopathically may be dispelled in the beginning.

Inspection revealed the fauces completely covered with a dark-gray membrane. As far down the throat as could be seen this thick gray membrane was to be seen, while both tonsils were completely covered and the uvula and post-nasal cavity were already invaded, in these localities the membrane not yet having been completely formed.

The patient was weak, his pulse depressed, almost thread-like, his breath was intolerable, his general aspect one of a very sick young man. The soreness of the throat had been preceded by a general malaise of four days, and the throat had been sore for a like length of time. The character of the disease was undoubted.

I called Dr. J. E. Sawyer into the office to see the case, and three days later Dr. H. C. Allen also saw the throat and pronounced it the worst case of diphtheritic membrane he had seen in many a long day.

The larynx was invaded to that degree that the patient was hoarse and could speak with difficulty. Swallowing was almost impossible, and the subject was already weak from lack of food and from the systemic poisoning he was undergoing. The heart-action was feeble and irregular, the skin swarthy, the sclerotics glossy and bluish, breathing was labored, his legs would hardly carry him; in fact, he was a very sick young man. Not

knowing that he had diphtheria he had made an office call instead of sending for a physician to see him.

The invasion had begun on the left side and had extended to the right and upward. The debility, heart-weakness and sense of exhaustion led me to prescribe *Lachesis*, which was given in the one-thousandth potency, Boericke & Tafel, a small powder every three hours, containing a few tiny granules of the remedy.

I saw the patient two days later and found his throat greatly improved. The left tonsil was clearing up, the right less thickly covered, but the upward invasion was pronounced. The uvula was swollen to twice its normal size and was completely covered with a gray membrane, which extended upward into the nasopharynx and also out upon the hard palate a distance of a quarter of an inch or more. Only here and there was there to be seen a speck of mucous membrane through the leather-like deposit covering it. The prostration remained profound; the pulse was still weak and now very slow; the patient showed an anxiousness that I did not like, and was restless. He could not be still, but desired to move and to be about his room.

The *Lachesis* had started the case favorably, but was now discontinued, the symptoms having changed, and *Arsenicum album*, also in the one-thousandth potency, tiny pellets in sugar of milk powder, was given every three hours for a day, this being followed by *Saccharum lactis* only. Within twenty-four hours under *Arsenicum* the patient felt so much better that he wished to resume his work. His voice cleared up, the membrane simply faded away from the tonsils as if by magic, and at the end of thirty-six hours the uvula had almost completely cleared off.

Not in my thirty years of practice have I ever seen, under *Mercurius cyanuret*, *Kali bichromicum*, *Phytolacca*, *Kali permanganum*, or even under polluted horse-serum, such a magical dissolving of diphtheritic membrane and such a positive and complete restoration of physical energy and bodily health in diphtheria as under that one prescription of *Lachesis* and the one of *Arsenicum*. No other medicines were given, no spraying with peroxide, no carbolic washes, no iodine, no nothing but the two prescriptions. No untoward symptoms of any kind have followed. The case was typical, the result ideal.

Mr. B's work took him among black mud excavations along the banks of the Chicago river. It is difficult to imagine a more favorable opportunity for profound systemic infection. It is also

more and more difficult for me, as I go along and watch the results under different systems of treatment, and under different combinations from different systems, to understand why the homœopath should hunt after other methods than those left by Hahnemann and verified by his followers. Every new case that comes under my observation, like that of the young man just reported, but makes me stronger in my confidence in a correct Homœopathy.—  
*The Medical Magazine.*

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## THE LABORATORY AND THE CLINIQUE.

By Dr. Kruger, of Nimes.

Translated for the HOMŒOPATHIC RECORDER from *Journal Belge d'Hom.*  
October, 1902.

“There is a decided movement of the Allopathic school toward that of Hahnemann,” we are told. The *Laboratory* studies infinitesimal doses and acknowledges the reality of their physiological and pathogenic action. Microscopic fungi and also plants visible to the naked eye are being poisoned by these doses which have been so long despised. On the other hand, infinitesimal quantities of arsenic have been discovered in the human body, and this has come to trouble the medical lawyers and to invalidate their arrests. The crystallization caused by the addition of supplementary microscopic quantities is not, however, a new fact that might be added here to the balance-sheet of the efforts of the old school to approach the new. After all, this is only a new edition of rose leaves warding off the true shot. This is all very well. The proofs in favor of our doses are multiplying, but they are of no use. I would say that they do not measure the infinitesimal nature of the faith of our antagonists, but the colossal monstrosity of their invincible skepticism. What then? After spectral analysis, vaccination, radiating matter, the Roentgen rays and the experiments of Pasteur, you are still not yet convinced, oh allopathic gentlemen and learned professors of universities! And you find your experiments on the metals and in their biological action of far more demonstrative force? But the botanists have known this a long time already. There is nothing new under the sun! How large are the doses of the Bordeaux mixture absorbed by the leaves of the grape-vines affected by mildew? What are the

doses with which Mure and Sautter watered their grape-vines or injected into their potatoes other than the infinitesimal doses? And the botanists will tell you that the absorption by the little roots in the ground or by the leaves in the air is equally insensible. How large are the quantities of iron contained in the blood? Is there any comparison between them and the doses used by the allopathic druggists?

But here lies the gap which is not perceived by many of the well-meaning readers among our fluctuating allopathic and eclectic friends, who, like Sosins, assume an assurance in their face which they cannot have in reality, seeing that they are deprived of their basis in the cow. This gap, or hiatus, the great Haller had a glimpse of when he distinguished between experiments made on healthy persons and all others, and between experiments not only on minerals (saline solutions), but also on vegetables and animals, the manifestations of life varying widely according to the beings which react. This gap, or hiatus, evermore separates the Laboratory from the Clinique, and so long as our learned men do not approach the domain where experiments must be conducted the truth will not shine before their eyes. What are these cures by *Cacodylates*, which are recognized as efficacious in *certain cases* of tuberculosis, of lichen planus or erythematous, and of psoriasis?

Merely some lucky cases, which do not, however, advance therapeutical science by even a single step. Where do we find an experiment with *Cacodylates* on healthy persons? Of what use are these artificial arsenical combinations, which are intended to introduce ponderable doses into the organism, which will not endure them in their naked form, and which are only endured by being encysted in organic capsules? What need is there that we should embrace all these crooked views, under the fallacious pretext of bringing this flourishing majority into a charitable disposition?

Because the human organism contains infinitesimal doses of *Arsenic* it has been concluded that we ought to infuse into it ponderable doses of this substance. It is always this doctrine of the *therapeutics of the tissues*, the materialistic nature of which is manifest. *Arsenic* then acts like a common nourishment given to an organism which is hungry for it? Down with the notion of dynamics, of specific adaptation; down with the doctrine of the essentiality of diseases! Down with pathology itself! All the sciences must sink down in universal ruin! The syringe of the druggist and the stewing-pan of the cook will profitably take the place of

the laborious and complex armory of the physician. Are you constipated? Put a ball on your abdomen. Have you a convulsion? Make yourself immovable. Are you hump-backed? Suspend yourself. Have you an aneurism? Put it in a bag of gelatine. Have you syphilis? Deck yourself with goats' horns. Have you enteritis? Scour it with yeast. And you believe that *Arsenic* acts by being assimilated after the manner of food? What then becomes of the fundamental distinction of Hahnemann between medicines, which, whether strangers to the organism or not, are but dynamized agents acting on the vital dynamism to excite it to reaction by awakening it? It is now a long time since we have found out the distinct action of certain elements of the organism, such as cooking-salt, which has never in its ponderable doses produced the effects of *Natrum muriat.* And *Causticum*, do we know its ponderable doses? In what tissue does it incorporate itself? What metalloïd is the basis of diseases of languor and of the emotions? With what hewn stone shall we reconstruct the edifice of those frightened, of those struck, by lightning? Just now I cured a woman struck by lightning with *Zincum* 30. Was this because zinc was lacking in her tissues?

Behold, my eclectic gentlemen, the first fruits of your generous overtures! It is you who are passing, bag and baggage, into the camp of the alma mater! Yes, you may perhaps soon get professorships and cliniques, but you will never effect the fusion of two incompatible elements. And, furthermore, you will obtain a certain alloy, which will be like the feet of clay in the statue of gold: accommodating stays which will pretend to enlarge the basis of support, but which merely bring with them a new downfall.

We must not allow ourselves to be dazzled by material details, but must mount up to principles. Of such a nature was the evolution of my own mind while reading an eclectic article. I confess it! I commenced by being won over by admiration, and I proclaimed, *Mea culpa!* "Shall I now cease to be a fanatic and a narrow-minded irreconcilable? I must surely now surrender to evidence. My colleagues possess qualities which I have not, facilities for measuring, weighing, physical observation, and material and critical experimentation better adapted for exact science than my own facilities. I am only a dreamy philosopher, advancing through imagination and instinct." Such were my melancholy reflections while reading a treatise concerning the picturesque experiences of the Laboratory. But as soon as I turn to

the clinical domain I find myself at once in the presence of antiquated scholastic disquisitions. What are morbid entities, tuberculosis, psoriasis, lichen? Myths! I only recognize the sick *persons*. In this way I cured a case of convulsions associated with a multiplicity of other symptoms, by not occupying myself with the convulsions, which had not been first mentioned because the convulsions here were only a state of associated symptoms, and we must always view the whole aggregate, the fundamental and general state, and proceed in a composed manner. And that which demonstrates the importance of these distinctions and these principles are the very fantastical explanations by which the "happy observations" are accompanied, as: "The action of *Silicates* is tonic and vivifying (when they are assimilated); they combat the inertia of the mucous membrane and calm nervous irritation; they retard alimentary fermentations." Such are the vague generalities to which rationalism leads, and the homage rendered at the end of the sentence to the present fad constitutes gross absurdity; if there is no fermentation there is no digestion. And this they call knowing the action of *Silicea*! In what way does such a remark show the approach of the two schools? Supposing it to be one of the cases of unconscious Homœopathy mentioned by Hahnemann, neither as to dose nor as to any application of the law of similars, is there here any well indicated manifestation, save for homœopaths well versed in our *Materia Medica*?

Now, why have I written this article? What need is there for me to revamp the old Hahnemannian sayings? Because people now-a-days continually claim to be furnishing us with new things, and to make us take back seats with our empirism, by showing us the science of the day and that of the future, the true, exact and positive science of the laboratories. "Experiments on healthy persons have never yielded any but transitory phenomena, variable and inconstant, *unable to carry conviction*," is the assertion of a master in eclecticism, I do not call him a homœopath for he is unwilling to have anything to do with the law of similars, which is the ruling law in therapeutics. This is *frittering away the work of Hahnemann*. Whence then have "the homœopathic physicians, who are so sure as to have no use for the experiments of the laboratory, drawn their convictions?"

It seems that the progress of civilization renders this precious conviction at this day day even more complicated, and, therefore, more dear.

“*O, beatos nimum sua si bona norint Ancestros!*”

The young generations of homœopaths are thus turned away from the learned clinics of our fathers, based on a conscientious study of our *Materia Medica*, which, in its domain, is just as exact as the other sciences are in theirs, and are pointed to the laboratory, the *caput mortuum* of therapeutics! And they close their ears to the cries of alarm coming from the allopaths themselves, *i. e.*, from the good clinicists of that school, who point out the dangers of this invasion and substitution. Neither do they observe the *Cacodylates* that have just come into existence, are already dethroned by the Arrhénal, just as cold baths have given way to the typhoid serum, and as the diphtheritic serum has given place to the physiological serum; and the eclectic clinic through its astonishing poverty has come to be a living witness to the aberration of their conduct. Hahnemann no more satisfies them, he is too subtle; neither will they make the cures of Hahnemann.

I prefer curing the pellagra with *Ustilago maydis*, the quarryman's phthisis with *Silicea*, the workers in mother-of-pearl buttons with *Conchiolinum*, smokers with *Tabacum*, morphinism with *Opium*, and mercurial diseases with *Mercurius solubilis*, rather than to cause saline solutions to crystallize by adding another molecule of that salt. Experience is equally scientific and more profitable to the human race.

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## ŒNOTHERA BIENNIS IN A SEVERE CASE OF DYSENTERY.

By Dr. Van der Laan.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, November, 1902.

On the 12th of January, 1902, I was suddenly seized with a feverish (39.5°) diarrhœa, of the cause of which I could find no reason. I first merely took a few doses of *Aconitum* which quickly put an end to the fever. Still the diarrhœa continued and since I was very busy, owing to a number of calls, I was prevented from taking care of myself for two days, and only started on January 14th to take *Mercurius corr.* and *Capsicum annuum* in alternation. These two remedies, the first in the 6 D. potency and the other in the 3 D., seemed indicated by the following symptoms: severe colicky pains, bloody stools, intense tenesmus and pains in the

anus. On that day I had more than 60 evacuations and the pain in the Fossailiaca was so intense that I could not move in bed. The remedies were taken every two hours in alternation.

January 15th, the tenesmus decreased, but the stools were just as frequent and contained as much clear blood without fœtor. The same remedies were continued. At the same time I felt a violent pain in the liver, the tongue was coated, there was but little thirst. My only nourishment was milk in small quantities.

January 16th, the evacuations continued with the same intensity; the blood was almost pure; my strength had much diminished, but the tenesmus and the colicky pains had much improved. I retained *Mercurius corr.* but alternated with *Podophyllum* 3 D., a dose every two hours, I felt much better this day. The pains in the liver were less violent, the tenesmus which has been diminishing for several days hardly annoyed me any more, and the frequency of the stools had much diminished.

On the 17th of January, I continued the treatment, for I knew the powerful action of *Mercurius corr.* in this disease. The stools continued to diminish in frequency and the pains were much diminished.

On the 18th of January, when I saw that there was no change, my weakness being very great and the evacuations still frequent, I took *Enothera biennis* 3 D., in alternation with *Mercurius corr.*, a tablespoonful every two hours. When I took *Enothera* the third time, I was pleased to see that I felt much better, and this improvement proceeded so rapidly that I fully recovered in four days.

(Farrington says of *Enothera biennis* that it is an invaluable remedy in exhausting watery diarrhœas; the evacuations proceeding without any exertion; attended with nervous exhaustion and even with incipient hydrocephaloid.)

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## A CASE FROM VETERINARY PRACTICE.

By H. Fischer, Hom. Vet. D., of Berlin.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, November, 1902.

On the 22d of last September Mr. S., owner of the racing stable in Weissensee near Berlin, came to my office to tell me that his two-year-old brown horse, valued at eight thousand marks and of very noble breed, was taken violently ill, and requesting me to

come at once. So I stepped into the carriage which he had ready and quickly drove to W. I found the brown horse in the stable with a violent fever and the symptoms of acute rheumatism—a violent cold. An allopathic colleague, from the neighboring race-course, having been called in by the anxious wife of the owner, had already made his preparations, which were, however, prevented by my prompt appearance; he had spoken of venesection. I at once prescribed *Aconit. nap.* 2 and *Bryonia alb.* 2, and gave him ten drops in water every quarter of an hour. I also covered him with sweating-blankets, had his horseshoes taken off and put a poultice of clay on his hoofs. As I received no report in the morning I enquired per telephone as to condition of the high-priced horse, and received the answer that the disease was gone and the animal was quite well again.

I gave my directions as to the further treatment, and the case was thus completed with one call and one telephonic consultation.

I hear one of my readers ask: "Why does the man tell us this tale since we hear of like cases almost every day in our practice?" But still this case is quite unusual. I at least never before cured such a case of acute rheumatism in ten hours, and I do not suppose you, my dear reader, have had such an experience? I would also point to the low dilution of *Aconite* used. In high fever I always use either *Aconite*, 1 or 2 dilution, and always with success.

## A CURE WITH KALIUM CHLORATUM.

By C. Assem, Prior.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, November, 1902.

Last February, when we had our first snow, a farmer brought his twelve-year-old daughter from a great distance to me. She was wrapped up in warm fur. He requested me to restore to her the use of her limbs; both her feet had been paralyzed twelve weeks before; they had used both domestic remedies and the doctor's prescriptions without avail. Being asked how long she had been in this state and how it had come and whether any disease had preceded, or what was the probable cause of the ailment, I was told that the little girl and her older sister both had the measles last fall; but while the older sister fully recovered the

younger one was paralyzed while her health was otherwise good; strange to say, the patient could kneel with ease, but could not stand. The trouble was, therefore, not in hip-joint, but in the knee-joint; she had, however, no pain and could, while sitting, move her limbs at pleasure. On account of the measles, which had preceded, I gave her *Kalium chloratum* 6, in pellets, three to be taken dry on the tongue three times a day. I was not a little surprised and astonished to see her four weeks later with her father and her mother standing and walking on her feet, while at her former visit her father had to carry her in his arms to my room. Radiant with joy she handed me a bouquet of hot-house flowers and she made known to me her thanks in a pretty verse she recited. According to her statement, she had felt a change in her legs as early as the sixth day after commencing with the remedy and then she commenced to try to walk.

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## TREATMENT OF PALPITATIONS AND OTHER DISTURBANCES OF THE HEART.

By Dr. Jousset, Paris.

Translated for the HOMŒOPATHIC RECORDER.

### I. Nervous Palpitations of the Heart.

The chief remedies are *Moschus*, *Cactus grandifl.*, *Coffea*, *Nux mosch.*, *Pulsatilla* and *Tabacum*.

*Moschus* is an excellent remedy to give alleviation during an attack of palpitation, but it is just as useful in the palpitation of a hysterical patient.

One tablet containing the first trituration is generally sufficient to assuage the palpitations, if not another similar dose may be given in a quarter of an hour.

*Coffea* is especially indicated in nervous patients, in palpitations with lancinating pains in the precordial region. When the secretion of urine is very copious and the patient has a certain anxiety we have an additional reason for giving this remedy. The sixth dilution has been most used; a few globules may be given dry during the attack. To guard against a return of the attack a dose should be given, morning and evening, for six days.

*Nux moschata* is especially suitable with hysterical patients when the attack of palpitation is attended with a sick feeling and

tendency to swoon. The sixth dilution should be given every quarter of an hour.

*Cactus grandiflorus.* This most important remedy in heart ailments is also useful in simple attacks of palpitation, where these are severe, continuous day and night, worse while walking, accompanied with a sensation of constriction in the heart and anxiety. *Cactus* is also especially indicated where palpitations recur or are increased during the menses. According to Jousset's experience the higher dilutions, the 6th to 12th, are most suitable in nervous palpitation, while the lower dilutions and the mother tincture are more effective in organic diseases of the heart.

*Pulsatilla* is particularly useful with chlorotic patients, when the palpitations always appear during meals, with anxiety and obscuration of vision. Occasionally *Tabacum*, *Iodium* and *Sulphur* might be considered in such cases.

*Tabacum.* Palpitations, when the patient lies on the left side, with buzzing in the ears; *Mouches volantes*, dry cough, angina pectoris, cold extremities and clammy perspiration.

*Iodium.* Sensation of weakness in the chest and in the heart; violent palpitation, increased by the least exertion (by walking or going down stairs). Pressure and feeling of heaviness in the heart. Anguish in the precordia, continually compelling a change of position. The pulse is quick, small, weak, while the action of heart is stormy, irregular and occasionally intermittent.

## II. Intermittence of the Heartbeats.

The chief remedies are *Spigelia*, *Cactus*, *Sepia*, *Strophanthus* and *Carbo vegetabilis*.

*Spigelia.* The symptoms indicating this remedy are, besides the intermittence of the pulse, a sensation of trembling at the heart aggravated by the slightest motion, and precordial anguish. Frequently there is also dyspepsia, sour eructations, regurgitation of liquids, nausea and pressure in the stomach (6th dil.).

*Cactus.* In this remedy dyspepsia is even more pronounced, digestion is retarded, accompanied with severe pressure and sensation of heaviness in the stomach. Food is vomited up eight or ten hours after ingestion; pulsation of the arteries. Intermittent action of the heart with anxiety and pain in the region of the heart.

*China.* Dyspepsia with intermittence in the heart-beats. Clinical experience has confirmed the usefulness of this remedy in this

ailment, especially where there is a sensation of fulness in the stomach, which after the least ingestion of food is much aggravated. Flatulence, while the appetite is good.

*Sepia.* Strongly pronounced dyspepsia, heat in the stomach, eructation, nausea, pulsation in the epigastrium. Intermittence of the heart-beat while eating, with great anxiety. Colicky pains; tendency to frequent evacuations

*Carbo vegetabilis.* Dyspepsia attended with colicky pains and tympanitis with intermittent pulse. The latter appears immediately after every meal and when going to bed. *Carbo veget.*, if taken during the attack, usually removes this trouble.

*Strophanthus.* This remedy which is so important in arteriosclerosis may also be taken into consideration when the heart threatens to become stationary, and we may assume that there is already a change in the arteries (arteritis) to a certain degree. Five to fifteen drops of the mother tincture should be given a day.—*From l' Art Médicale.*

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## INDICATIONS FOR CERTAIN HEART REMEDIES.

By Dr. Mossa Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Ziet.* December, 1902.

Dr. Feraera gives the following indications for *Coffea*:

Its chief indication rests upon its power of heightening the mechanical power of the heart, which has become weakened through a deficiency in the excitability of the myocardium and the exhaustion of the nerve centers. This gives the dividing-line between the indication *Coffea* and for *Digitalis*. When we need to restore the circulation which has become impeded through an organic disease of the heart (uncompensated insufficiencies or stenoses). *Coffea* has no effect and must give way to *Digitalis*. But *Coffea* shows a surprising action in so-called vascular diseases of the heart, as it removes the dangers springing from disystolic and hypersystolic phases.

The chronic diseases of the heart form two great groups: 1 Diseases of the valves, which finally involve the myocardium and the vessels, and which are characterized from the beginning by a tendency to diminish the arterial pressure, and 2. Arterial and vascular disturbance, beginning in the vessels or the myocardium

and finally involving also the valves; these are characterized by an over great pressure in the arteries.

This second group depends on a general sclerotic process, the result of various causes, such as: advanced age, tobacco, lead-poisoning, alcoholism, syphilis, menopause, mental emotion, ailments, etc. From this it may be seen how much more frequently we must meet causes of the second class in comparison with those of the first, the proportion being according to Huchard as seven to three. The arterial affections of the heart which vary from the valvular affections in their etiology, pathogenesis, anatomical development and therapeutic influence have also an entirely peculiar clinical character. Their development is latent, in their beginning they secretly cause injury, their course is in paroxysms, and therefore intermittent, the complications with other organs are manifold, the final act is fatal through a sudden development of asystolia. They present a great variety of forms, viz., the painful, pulmonary and dyspnœal, as also the arrhythmic, tachycardia, brachycardia, asystolia and others.

*Coffea* is one of the chief remedies for the removal of severe functional diastolic or hypersystolic disturbances in these vascular heart diseases. As it excites the myocardium, increases the period of diastole or pause, as well as the circulatory course, it serves to remove the increased tension which comes suddenly and which presents an obstruction dangerous to the heart, and difficult to remove.

Dr. Hale says: Scarcely any heart remedy can in its physiological action equal *Coffea* in its ability to restore the activity of a heart almost paralyzed. In arterio-sclerosis and in the consequences of this morbid state on the heart it is especially valuable. (But this it will only do in full, strong doses. M.)

*Cocain*, according to Cahall, when given in small doses, will produce an increase in the extent and force of the systolic contractions; as it exerts a depressive action on the inhibitive ganglion of the heart, and increases the arterial tension through an excitation of the vasomotory centre.

Dr. Hale says: *Cocain* in doses of one-tenth to one-quarter of a grain is of great value in those exhaustions of the cardial force due to over-exertion, running, ascending mountains, or the lifting of heavy loads. If the dangers is very great, it ought to be preceded by *nitrate of Amyl* or *Glonoin*. One-tenth of a grain of *Cocain*

can be given every half hour until the state of the heart has again become normal.

*Convallaria*. "The action of this remedy is directed immediately upon the heart; it retards and increases the contractions of the ventricles and increases the arterial pressure. The Vagers and the vasomotorial nerves remain untouched."

Dr. Hale says: *Convallaria* in doses of two to five grains of the 2 D. trituration, in hourly doses, will retard and regulate a heart that beats quickly, irregularly and without force. It is especially usefully with women, when the disturbance of the heart is aggravated by an excitation of the ovary or the uterus.

*Strychnine*. The increase of the arterial pressure after *Strychnine* depends on the vasomotory contraction of the capillaries. This is followed by a strengthening of the heart from an excitation of the motory centers and a retardation of the pulse owing to the excitation of the inhibitive action of the vagus and to the direct action on the heart.

Dr. Hale says: *Nux vomica* and *Strychnine* far excel all other tonics of the heart, as is acknowledged now by all physicians. Their action is more permanent and probably actually more curative. In nine-tenths of the cases of weakness of the heart, *Nux* or its alkaloid will alone suffice.

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### A PROVING OF THALLIUM.

William N. Bullard reports the case of a physician who had taken *Thallium* for purposes of experiment. The symptoms induced were slight diarrhoea, numbness in fingers and toes with extension up the lower extremities, involving the lower abdomen, the perinæum, the inside of the thighs, and the inner surface of the legs. The nerves of the lower extremities were painful, and there was considerable weakness and partial paralysis of the lower extremities. Treatment consisted in rest in bed, dry heat to the limbs, and *Iodide of Potassium* in small doses. Later, when the pains had ceased, electricity was applied to the lower extremities. The condition was plainly a multiple neuritis. It followed the usual course of this affection and the patient eventually recovered completely.—*Medical Record*.

## SOME CURES WITH CARDUUS MARIANUS.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*, December, 1902.

I. A woman, fifty years of age and sallow, a widow, who had been an invalid for ten years, complained of lack of appetite, bitter taste in her mouth, rare stools, tension and pain in the cardiac region and liver. Some days before the consultation the patient had a sensation of hot undulations in the cardiac region, with anxious difficulty of breathing, followed a few hours later by a black, tarry stool commingled with blood. The patient now not only felt pains in her liver, to cure which she had lately been using *Quassia*, but in addition pressure and lancinations in the region of the spleen, which was tense and distended. This led me to suppose that the affection of the liver, which she had first noticed, was only concomitant (*i. e.*, having been drawn into sympathetic affection). Therefore, it could not be cured with *Quassia*, the spleen being the organ primarily affected. She now received *Carduus marianus*. Next day the affection of the liver disappeared, but the spleen continued painful when pressed upon. On the second or third day there was one more bloody stool, but in ten days after starting the use of *Carduus marianus* there was no more distension or painfulness of the spleen to be observed; the woman felt better than for years before, from the continued use of the seed of the milk thistle.

II. A girl, twenty-five years of age, had been complaining for a week of violent pains, which, beginning at the right ear, extended through the temple down into the face and neck; the left side was not affected, and the pains recurred two or three times a day. There were pains in both sides, especially in the middle. Every afternoon also, about three o'clock, she had an attack of chills and fever, with chills, heat and perspiration for one to two hours. The patient feels tired, is confined to her bed, without appetite, with a bitter taste in her mouth, her tongue slightly coated; her urine is deep yellow, with an iridescent scum on top, and a cloudy precipitation. For the last six months her menses have been coming every two weeks, lasting three days, mostly of a pale color. In the intervals she has fluor albus. On account of her anæmia she received *Iron*, and on account of her gastric chill and fever *Carduus marianus*, at the same time. Malaria and the typical neuralgia disappeared in a few days, and in three weeks

her fluor albus and the menstrual disturbance had also disappeared.

III. An old man of sixty-two years had been suffering for six months from a cough and purulent expectoration in enormous quantities during the last two weeks a hectic fever had also appeared. He complained of lancinations in the left side and pains in the chest; the left lobe of the liver also was painful on pressure and distended, the tongue being coated yellow; there was no appetite. Prescription: *Carduus marianus* in the tincture. After three days the lancination had disappeared and the liver was free from pain. In four weeks more, also, the expectoration had totally disappeared. During these weeks he had received in addition *Ferricum aceticum* on account of his anæmia. At the end of the four weeks he was fully cured.

IV. A man, forty years of age, of a yellowish-gray complexion, had been suffering for several years from asthma, attended with a severe cough, which caused him to eject sometimes but little and tough expectoration, sometimes a prodigious quantity of thick stuff. His general health was pretty good. On the chest a mucous rattle could be heard and the hepatic region was distended and painful. The left lobe of the liver was most sensitive and was really hard to the touch. A moderate pressure upon it at once caused oppression to the respiration and provoked cough. He was never quite free from asthma, and his respiration was also panting and his voice had a peculiar hoarse sound. With every bodily exertion his dyspnoea increased. At night the asthma was not so troublesome as the cough, which only toward morning succeeded in bringing up some expectoration. Since the whole disease manifestly rested on a disease of the liver I tried *Carduus marianus*. In a week the patient felt much better, and the asthma and cough ceased; then he stopped the medicine, but as the chronic disease of the liver was, of course, not yet healed his asthma and cough returned. He, therefore, continued taking *Carduus* and after some time he was entirely cured.

V. A lady of twenty-seven years, who had two children, had been suffering from frequent hæmorrhages for eight years, her menstruation always turning into a hæmorrhage. This would always continue for twelve to fourteen days and be followed by fluor albus. She suffers from inert stools, is emaciated, her temples and the corners of her mouth have a yellow tint, she has a bitter taste in the mouth and is very irritable. She has not borne a child for six years. The various specialists who have

treated her have determined that there is no disease of the uterus, nor is her liver swollen. For the last six months she has been suffering from periodical one-sided headaches. In various cities she has been treated by celebrated physicians, and has undergone various treatments and taken many medicines, but never the right one. The yellowish color of the temples and the digestive symptoms point to a liver trouble; hæmorrhages with patients who have liver troubles require *Carduus marianus*. So this tincture was prescribed on the sixth day of her bloody flux. After a few doses of the remedy the flux diminished and in two days it ceased without being followed by fluor albus. On continuing the remedy the succeeding menses were much weaker and lasted only five days. The lady recovered, her complexion became normal and her stools became regular. After a few months she declared herself cured by these "wonder-drops."

VI. A woman of thirty-four years, who had been confined four weeks before, and been taken sick during her confinement, after she got over her confinement was suffering from an affection of the peritonæum, a tearing, lancinating pain on both sides of the abdomen, sometimes also in the center of the abdomen; this gave her much pain, especially when taking a deep breath. A three days' use of *Carduus marianus* quickly put an end to the rheumatic affection of the abdominal muscles.

VII. A lady in the sixth month of her pregnancy complained of violent pains in the right side of the hip, radiating into the middle of the thigh, yea, sometimes even down to the inner ankle. It is also attended with violent pains in the small of the back. She has to walk slowly and limping, dragging her thigh along. The pains are especially violent on rising from a sitting posture, and they gradually diminish while walking. In the region of the liver she feels a slight soreness, but no pain, and the soreness is felt only when that spot is pressed upon. After taking the tincture of *Carduus* for a week she was completely cured of her rheumatic affection.

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## CURE OF THREE CASES OF ANGIOMA BY MEDICINES.

By Dr. Kirn, Pforzheim.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
November 20, 1902.

Our opponents object to us, that Homœopathy is a fruitless

branch, that it offers nothing new. But the cure of angioma or vascular tumor by internal medical treatment is something altogether new. Of such cures we offer the three following :

I. At the end of August, 1901, I noticed on my right cheek in the same height with the *incisura intertragica* of the ear and about four centimeters from it a small red spot looking like an acne, which, when I washed myself without any particular care, easily started to bleed. From week to week the little swelling increased, so that in September I diagnosed the case as an angioma. Its appearance was really very much like a raspberry, the color, perhaps, a little darker, its consistence pretty hard, so that considerable pressure was required to produce a noticeable diminution of the excrescence. The diagnosis I made was confirmed by my colleagues at the autumnal meeting in Stuttgart on the 3d of November of last year, as also by my colleagues in Pforzheim. One of the gentlemen suggested that from its hardness it seemed to be a fibro-angioma. In the course of November the little tumor had become one centimeter in length and one-half a centimeter in height. It embarrassed me somewhat, that all my patients stared at the ugly excrescence and many asked: "What have you there?" and "What are you doing for it?" Since all medical efforts seemed in vain I concluded at the end of November I would have it operated on, *i. e.*, excised with a knife, after first undertying it with thread to stop hæmorrhage. Dr. G. Layer, who then was still in Pforzheim, had kindly offered to perform the operation. But suddenly, over night, there was a change. On the 17th of November the swelling manifestly felt limp, it was easier to press it inwards and the skin became wrinkled. As it had slowly increased so now it slowly decreased from week to week. At our meeting in Karlsruhe, on December 1st, the change in appearance and on palpation was already so manifest that I communicated the matter to my colleagues. At the next meeting of my colleagues from Baden, in Pforzheim, January 26, 1902, the swelling had receded by more than one-half and at the meeting of the Central Union, August 10th of this year, it was difficult to recognize the little dot which remained.

Now, as to the therapy: In the beginning, when I considered it to be an initiatory nodule of acne, I took *Silicea* 6, and later *Hepar* 6 and 30, in doses at rare intervals. When I saw that suppuration did not take place I took *Hamamelis* 30. Privy Counselor Stiegele advised me, on November 30, to take *Acid. fluoric.*

I had already taken the 6 and 30, now I took a dose of the 100th potency. Farrington says: "Through *Fluoric acid* there appeared, with two or three provers, little blue branchings of veins on certain spots. It may, therefore, prove of use in *nævus*." In the larger repertory, by Jahr, I found: Blood-fungus in the face, *Bell.*, *Lyc.*, *Phos.*, *Sepia*, *Thuja*. Mole in the face, *Calc.*, *Sulph.* Bluish-red swelling in the face, *Bell.*, *Cham.*, *Lach.* Elastic swelling, *Ars.* Red, hard elevation before the right ear, *Puls.* Of these I took *Sepia* 30 and *Phosph.* 30, at intervals of about a week. Dr. Göhrum wrote to me that he had succeeded in reducing a carcinoma by the side of the right pap of a young girl from the size of a filbert to one third its size with *Thuja* 15 and 200, *Phosphorus* 15 and 200, *Silicea* and *Sulphur* 200. This confirmed me in continuing the internal treatment. On taking *Tuberculin* 30, two doses and 200 (by Marggraf), there ensued a renewed tendency to bleed without any further benefit. Also, *Graphites* 30, *Conium* 6 and *Psorinum* 200 seemed to have no effect. My colleagues in Pforzheim would say every Saturday when they saw me again: "Yes, it is grown larger." Externally I first moistened it with alcohol, later on with diluted tincture of *Ledum*. Finally, through my colleague, Dr. Foerg, I came to try *Abrotanum*. He supplemented his oral account to me by a written report, in which he stated that he had succeeded in notably reducing an angioma on the right side of the abdomen of an infant of seven months through the internal and external use of *Abrotanum*, 6 and  $\theta$ , in four weeks. The angioma had been of the size of a silver dollar. In the *Journal* of the Berlin Society of homœopathic physicians, Vol. 18, No. 5, Dr. Gisevius, Jr., remarks that Deventer had used the tincture \* \* \* \* of *Abrotanum*, externally and internally, with great success in a number of ailments connected more or less closely with circulation (in teleangiectasis and angiomas). \* \* \* \* I took in three days six times five drops of the tincture of *Abrotanum*, and I moistened the swelling several times a day with a mixture of equal parts of the tincture and water. This was followed quite suddenly by a decrease of the swelling. I then, of course, ceased to take the medicine. I believe that the success was due to *Abrotanum*. But it is quite possible that the remedies used before that had also a part in this cure. It would, of course, have been more exact if I could have reported: Angiomas are cured by *Abrotanum*, as ranula is cured by *Thuja*.

But our literature contains so little about cures of angiomas that I was obliged to search and try. The best things are not learned from books, but from the tasks laid upon us in life and in practice. Dr. Schlegel's work on "The cure of surgical diseases so-called through Internal Medication," I was sorry to find contained nothing on angiomas. Burnett's work, "Curability of Tumours by Medicines" (1898) has two cases of cure, but they also were not cured by one remedy.

II. *A small vascular swelling internally on the left lower eyelid near the inner corner of the eye.* An unmarried lady of twenty-eight years consulted me on July 25, 1888, on account of such a tumor, distant about one-eighth of an inch from the caruncula. What especially troubled her was the incessant lachrymation. She had first noticed the swelling six months ago and had been treated by a specialist, and the surgeon treating her had, very unnecessarily, cauterized the angioma so that there was a cicatrice upon it.

The prescription was *Tinct. Cupres.* Law (three drachms = 3 times 4 grains) five drops in water, evening and morning.

August 22. The excrescence is a little smaller, but not much. The patient had always felt well, but did not look well. The drops of *Cupressus* had given her a healthy color, while, as she says: "I never before had a healthy color in my face." She now tells me that she had a similar vascular tumor on the lower lid of the right eye, but on the *outside*, but this disappeared at the time that on the corresponding *interior* part of the left eye this new tumor appeared. And yet the surgeon had cauterized it! The patient is peculiarly affected by the moon, and, indeed, in the following way: During full moon her nervous system is excited and tormented and she cannot sleep; and if she does fall asleep she dreams. This may be easily comprehended when we know that the head is odically negative, but the moon odically positive. A hypersensitive nervous system sensates most markedly the odically opposite influx. Such sensitive persons are also very susceptible to high potencies and show a splendid reaction, while persons not sensitive need low potencies. The correct potency for any disease can, therefore, never be determined, we must always suit the potency to the person. It must be high if he is sensitive and low if he is not sensitive. Only in this way can this ancient dispute be decided. Reichenbach has clearly determined who is sensitive and who is not.

This sensitiveness has existed for the last twenty years. Her teeth are of a greenish tint and her gums are not healthy. Prescription: *Argentum met.* 5, five drops in water, morning and evening.

October 8th. The eye has ceased to run and the little swelling is less red. Prescription: *Selen.* 5, five drops in water, morning and evening. During this prescription the tumor became flabby and decreased, but the cicatrice caused by the cauterization of the surgeon remained.

October 18, 1889. The medicine given last has really effected a cure.

January 24, 1890. The eye has remained well.

III. *Connate vascular tumor.* Mrs. K. brought her one-year-old girl to me on July 28, 1881. I found on the back of the girl on the right of the spinal column and below the angle of the shoulder-blade a red vascular swelling of the size of half a walnut, but more flat and outspread. It had been there at birth, but its growth commenced some time afterward. At birth the size of the tumor was about that of a six-penny piece and it was flat; now it rises almost three-quarters of an inch above the level of the back. On the outer side of the right thigh there was a similar but much smaller tumor, but it had only a few small bloodvessels; the little patient is healthy, has no pain and is fat; she has nine teeth and is beginning to walk. The family physician was very urgent that the excrescence should be cut out, as it was growing so fast. But I was of opinion that the vascular tumor must have an internal cause, and as I could not see how this internal cause can be removed by the knife I advised a careful internal treatment, so that we might really secure Hunter's cure.

As I had nothing to guide me I took refuge in theories and gave in succession *Thuja* 30, *Ferrum phosph.* 6, *Hamamelis* 6, *Phosphor.* 1000, which caused it to shrink a little. Then followed *Psorinum* 30, *Sulphur* 30, *Chenopodium* 3 D., *Lycopodium* 200, *Mercurius met.* 100 and 200, *Syphilin* 200. After this I read the remark, "considerable improvement," and after *Mercurius* it decreased decidedly. *Thuja* 30 and 100, *Aurum met.* 12, *Fragaria vesca* 12 ix, and *Syphilin* 200, completed the treatment and the cure.

It is now over ten years since this little lady was brought to me and the excrescence required years before it finally shrivelled up and disappeared. I lost sight of the mother for some time, and

only found out on inquiry that there had been no sign of the tumor's returning since 1884 and 1885; the back of the girl is quite normal in every respect. I have cured several other vascular tumors in the same way, but this was the largest and most difficult case; I need not, therefore, report about the minor cases. So far Dr. Burnett. What he means by Hunter's cure is manifest from the motto prefixed to his book: "What I call a cure is a transformation of the disposition, and thus operating upon the disposition and not the destruction of the cancerous parts."—John Hunter.

Farrington recommends *Lycopodium* in *nævis*, but he immediately adds: "You must not think that every *nævus* is curable by medication, for this is not the case."

Now, what do these three cures mean? That a beginning, at least, has been made in the cure of these tumors which will not be allowed to fall into forgottenness. Why should our ever progressive science not succeed in a measurable time to rescue, first of all, a great number, and finally all of these tumors from the knife of the surgeon. As in mathematics and in mechanics, so also in medicine, the most simple solution is always the best. Nothing is so well adapted to bring into strong light the capacity of Homœopathy as such cures. So my colleague, Dr. Wise, also wrote to me, some time ago: "Such observations and cures weigh more than a thousand internal cases in which no one has been present to observe and where there is always a chance to throw doubt on the diagnosis after the cure has been effected. We cannot, indeed, derive any fixed rule from these cases, but, at least, we can say so much: Such a cure requires two things: 1, constitutional remedies, such as *Sulphur*, *Thuja*, *Mercurius*, *Tuberculin*, *Syphilin*, etc., in high potencies; and, 2, bloodvessel-remedies, such as *Abrotanum*, *Hamamelis*, *Cupressus*, *Erigeron canadensis*, *Bellis perennis*, *Bovistia* (*Ceanothus americanus*), *Fragaria vesca*, *Sabina*, *Sanguisaga*, *Thlapsia*, *Bursa pastoris*, etc. We must in such cases: 'Leave the trodden highway, go down and climb up, rich Nibelungen treasures lie all around us as yet unfound!'"

*Abrotanum*, especially, seems to be a much promising remedy, as may also appear by the brilliant cases exhibited by Dr. Stigelius, Jr., at the last meeting of the Central Society.

I am convinced that such cures of tumors are by no means rare in our school. Let every one of our colleagues collect and pub-

lish his cases. Every single case is like a grain of seed, from which an ever-continuing progress may be made in this most difficult province of therapy.

Our opponents sometimes declare that we ourselves do not believe in the efficacy of the remedies we prescribe.

But my own case proves the contrary and shows that we, homœopathic physicians, have a very high opinion of the penetrating powers of homœopathic remedies, so high that we undertake to heal cases which formerly were only treated with the knife. Dr. Otto Neustætter could easily have convinced himself that homœopathic physicians invariably treat their families homœopathically. His assertion that Homœopathy consists only in "words without the background of facts," shows a gross ignorance of actual facts. It is unheard of that any person without informing himself should publicly make such charges as this: "There is only the choice between narrowmindedness and lack of good intention." The want of good intention in informing himself on a question before speaking on it is altogether on his own side. But as to narrowmindedness, history ever teaches that it is a crime in the minority to claim to be wiser than the majority.

" If you seem but a hair's breadth  
In advance of others in spirit,  
Then pray that God may protect you  
Else it will be counted a crime !"

But we do not allow ourselves to be disturbed by such mock heroics in our consciousness that we are pioneers on the new path of curing tumors by internal medication.

Through Homœopathy we have succeeded in many difficult undertakings, but if we shall also succeed in this we may safely count on the victory of our curative system and the general recognition of our principles as the reward of our hundred years' contest. I personally do not doubt that this will be the last but also the most precious fruit of the world-shadowing tree planted by the great Hahnemann.

## BOOK NOTICES.

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CHESTER, PA., December 16, 1902.

BOERICKE & TAFEL.

*Gentlemen:*—I am in receipt of Dr. Bartlett's book on "Diagnosis," and I can but express my appreciation for such a valuable work.

Yours truly,

CHAS. H. HUBBARD.

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BOSTON, December 13, 1902.

MESSRS. BOERICKE & TAFEL.

*Gentlemen:*—I acknowledge, with thanks, the receipt of the copy of Dr. Bartlett's work on "Diagnosis," which you so courteously sent me. Of course I cannot yet claim to be familiar with all its details, but I have examined it in a general way, and last night I spent upwards of an hour in the careful study of the section devoted to diseases of the blood and technique of blood examination, in which subjects I am particularly interested just now. I have read the preface, the introductory chapter, and have critically noted the arrangement of the work. From my knowledge of the book thus obtained, and from years of familiarity with Dr. Bartlett's literary work, I feel justified in cordially commending the book to my colleagues and to students. It seems to me thoroughly "up-to-date" in that seriously important department of medicine—Diagnosis. Its style is simple, to the point, and convincing, and I anticipate for it a wide-spread and lasting popularity. Believe me,

Very truly yours,

J. P. SUTHERLAND.

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**Stepping-Stones to Neurology.**—By E. R. McIntyer, B. S., M. D., Professor of Neurology in the Dunham Medical College. Boericke & Tafel. 200 pages. Price, \$1.25; by mail, \$1.33.

This little book contains the important points of all the nervous diseases. It is just the book for the student, and will be of the greatest aid to the busy physician who must hastily prime up in any given nervous disease. It takes a full man to write such a

book. There is no work so difficult as condensation. Prof. McIntyer has been a successful teacher for many years and knows just what a student and the busy man needs. It is a difficult task to wade through the voluminous literature of nervous diseases when hunting for salient points. Here we find them. It is surprising that the author has had so much in this brochure.

KENT.

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Dr. McIntyer's Book.

HOUSTON, TEXAS, October 2, 1902.

BOERICKE & TAFEL.

*Dear Sirs:*—Am informed that you are about to issue a work on mental diseases by Prof. E. H. McIntyer, M. D., of Dunham Medical College, Chicago, Ills.

Permit me to congratulate you on *the work*, as I had the pleasure and honor of sitting and listening to Dr. McIntyer for six months in lectures and clinics, and should his work be in *accord* with his work in college and clinic it will be an honor to our profession, and all real homœopaths should read and digest same. Please place my name on list for one of the first copies. You need have no fear for the result. Wishing you success, I am

Yours truly,

WM. H. HARRISON, M. D., H. M.

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HOWRAH, BENGAL, November 27, 1902.

DR. H. C. ALLEN, M. D.

*Dear Sir:*—We have, with great pleasure, read your *Therapeutics of Fever* published in the current year; it is a great improvement on your *Therapeutics of Intermittent Fever*.

We have formed here a society for promulgation of homœopathic literature in Bengali language for the benefit of our countrymen who cannot understand English language. We intend to translate some best books, and therefore desire to render your book (*Therapeutics of Fever*) in Bengali and publish the same. With this view we have ventured to address you, and to solicit that you will be pleased to grant us your permission.

I am, dear sir,

Yours faithfully,

A. S. MUKERJEE.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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CHANGE IN PARTNERSHIP IN FIRM OF BOERICKE & TAFEL.—  
The firm of Boericke & Tafel, consisting of Felix A. Boericke, M. D., and Adolph L. Tafel, have, on the first of January, 1903, associated with themselves Gustav H. Tafel, Edward E. Boericke and John J. Boericke. All these gentlemen have, after leaving their respective colleges, devoted themselves exclusively to homœopathic pharmacy, and we believe the profession will rejoice in this latest development in the history of this old house, as it assures a permanent future under the most competent and the same trustworthy management as in the past. Congratulations to the old and new members of the firm!

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## DEATHS.

Timothy Field Allen, born April 24, 1837, died December 5, 1902, at his home in New York City. A hard-working scholar, as the magnificent ten-volume *Encyclopædia of Pure Materia Medica*, the *Symptom Register*, *The Handbook*, *The Materia Medica Primer* and *Bœnninghausen's Therapeutic Pocket-Book* testify. One of the last things he wrote, perhaps the last, was published in the HOMŒOPATHIC RECORDER in 1900 and 1901, under the title "After Surgery Had Done Its Best" and "The Sequel."

Dr. Bartus Trew died, at his home in Baltimore, on December 12th, of heart disease. Dr. Trew was born in Kent county, Md., March 12, 1869. Dr. Trew was a graduate of the College of Physicians and Surgeons of Baltimore, and later in life took a post-graduate course in Hahnemann College of Philadelphia. For some years past he has been a member of the Faculty of the

Southern Homœopathic Medical College, occupying the chair of Gynæcology.

Dr. Bushrod W. James died, on the afternoon of January 6th, at his residence, 18th and Green streets, Philadelphia.

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### EDITORIAL BREVITIES.

NO MORE UNLAWFUL KISSING.—Dr. R. B. Ware, of Lowesville, Va., has introduced a bill into the Virginia Legislature making it a misdemeanor for anyone to indulge in kissing unless a physician testifies to his or her soundness in general. Penalty, from one to five dollars fine. Why not have a kissing Examining Board and make a man show his license when he indulges in the osculatory act?

FOUR PER CENT.—“Even pharmaceutical companies which promise twenty per cent. dividends, whose stock, according to their veracious advertisements, is better than a government bond, are unsafe. Any concern handling money, unless it is a pawn shop or an allied industry, which promises more than four per cent. interest, is safe to be turned down.—*American Homœopathist*.”

THE BURNETT FUND.—It is proposed to raise a fund in England to endow a chair to be called the Burnett Professorship of Homœopathic Practice. Of the late Dr. Burnett the *Homœopathic World* says, in December issue: “Never, within our memory, has it been the happiness of any medical man to leave behind him such widespread and intense affection, such gratitude and devotion, as exists this day in the hearts of Dr. Burnett’s patients.” It also says that the interest of Dr. Burnett’s following in the profession “is in no way diminished by the lapse of time.” His books are gems, every one of them, showing what can be done with medicine. Dr. Burnett has many friends in America.

NEXT MEETING OF THE INSTITUTE.—The next meeting of the American Institute of Homœopathy will be held in Boston at the Hotel Somerset, Back Bay district. The date of the meeting will be June 22d to 27th, inclusive.

THE GERM THEORY.—Dr. Joseph Clements has been scandalizing the orthodox readers of *The Post-Graduate* (November and

August) by positively asserting that, "Notwithstanding dictionaries and lexicographers, nothing conceivable in the nature of a 'germ,' not even the name, is applicable to micro-organisms. 'Germs' have no relation to disease; bacteria certainly have, but they are not germs, but perfect organisms, the misnomer being misleading as well as unscientific."

Here is another thought provoker, and, it seems to us, a getting back to Hahnemann: "The conception and interpretation of the life processes, and the factors related to and affecting these, are deep, metaphysical matters; and surface reading and thinking, even dictionary definitions, are not all sufficient here. The life processes, in response to the cause, being set into these, we call pathologic vital operations; they become abnormal, subnormal, supernormal, all three. No tubercle is formed until the bioplasm of the 'cell' is set into operation or its 'motion' affected by *some cause or conditions* influencing these primordial phenomena." Italics ours. Granting this, the tubercle and other bacilli have as much to do with disease as ashes have to do with the fire—they are an after product.

THE UNRELIABILITY OF THE MICROSCOPE IN THE DIAGNOSIS OF MALIGNANT DISEASE.—G. Hamilton Whiteford says that he has seen the value of the microscope repeatedly and extensively tested in the diagnosis of all the more common varieties of malignant tumor. The result has been a series of shocks to his previously firmly-rooted belief, and he now holds that the microscope for purposes of differential diagnosis is perfectly unreliable. Hamilton, of Aberdeen, has shown microscopic sections of the tongue of persons over fifty-five years of age which present an appearance identical with that seen in epithelioma. He placed side by side with them sections of clinical epithelioma, and the most expert pathologists were unable to distinguish between the two. The author considers the naked-eye appearances and the clinical history of a case to be much more reliable than the microscopic appearances.—*The Bristol Medico-Chirurgical Journal*.

SULPHUR IN SCARLET FEVER.—There is one peculiarity about scarlet fever that I have noticed of late years, and that is, that the form of the disease has changed. I do not recollect having treated a case of malignant scarlatina for a great many years. In the early part of my practice I had a good many cases of malignant scarlatina and I dreaded the disease very much. But in the past

ten or fifteen years I have not seen a case. The form of the disease has certainly changed in the region in which I practice, and it is no more the dreaded disease I used to see. It is more characteristic of simple scarlatina than to the older classification. One of the most important remedies in scarlet fever in my experience has been *Sulphur*. Of course, *Belladonna* and *Rhus toxicodendron* and such remedies are useful, but I generally give *Sulphur* in scarlet fever in most every case, not because it is a specific, but because I think it is an indicated remedy in a great many cases and it reduces the sequelæ to a minimum.—*Dr. A. P. Bowie, Uniontown, Pa.*

ECZEMA—GALIUM—ECHINACEA.—“Mrs. H. came to me with a very bad case of eczema, which covered the upper part of her thighs, spread up over the vulva and lower part of abdomen. The itching was so bad after she went to bed that she could not sleep or rest at times, and she was annoyed frequently through the day by the intense itching. As she had been treated by other physicians I thought it no use to employ any of the ordinary remedies. So I prescribed two drams Echinacea to four ounces water, and gave teaspoonful four times a day, before meals and at bedtime; used one ounce Galium to one ounce glycerin, and applied this to the parts that were affected, four times a day. She began to improve from the start. I followed this up for ten days, and at that time she reported as well.

I treated an old lady with a large carbuncle on the hip. She was laid up—could not walk. I gave her two drams echinacea in four ounces of water four times a day, before meals and at bedtime; applied one ounce Galium to one ounce glycerin; applied frequently through the day and at night; applied unguent and slippery elm poultices; had poultices removed and applied the galium mixture through the day. She was cured in ten days.”—*Dr. J. H. Emery, Blandinsville, Ill., in Medical Gleaner, Dec.*

IS IT TRUE?—“The appendix is claimed by some of our most eminent physicians to be an organ without a function, and so they claim that it can be extirpated without injury to the patient. If this is true why is it that the majority of the persons operated upon do not live more than from three to five years after the operation. \* \* \* I will add in closing that I have attended several cases of so-called appendicitis and my experience

is that the extirpation of this little organ will invariably result in the death of the person, there being some exceptions."—S. T. Bigger, in *Geo. Ec. Journal*.

Dr. Bigger claims that without the appendix there is no proper peristaltic action.

UNSCIENTIFIC AND CARELESS PRESCRIBING; SECRET AND PROPRIETARY REMEDIES.—Dr. Harry R. Purdy presented a paper with this title. He said that he had been astonished to see the apparent lack of knowledge of incompatibles in prescriptions by men who are very capable and well-informed in other respects. Various examples of prescriptions illustrating this were given. Emphasis was laid upon the fact that *Corrosive sublimate* was incompatible with almost everything, yet was often prescribed in tablet form along with various other drugs. The author said that the difference between a proprietary and a patent medicine was more apparent than real.—*From Medical Record report of N. Y. Co. Med. Association*.

REMOVAL OF POWDER STAINS.—The removal of powder stains is generally considered impossible, yet it is often a cosmetic necessity for which the physician may gain a handsome fee in event of success. In recent cases the free and repeated application of pure *Dioxid of hydrogen* will generally prove satisfactory. In cases of long standing paint the surfaces with *Ammonium iodid*, one ounce; distilled water, one ounce. This solution will gradually change the black stains to a reddish color; after the red tint develops paint the surface with a solution of dilute *Hydrochloric acid*. It will be understood that the latter treatment is only applicable to cutaneous surfaces, but the *Peroxid* may be used freely on mucous surfaces.—*Medical World*.

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### PERSONAL MENTION.

Dr. C. W. Hains, a prosperous physician at Hudson, Ohio, writes us the following nice little compliment: "With so many good journals coming to my desk it is hard to say which is the best, but the RECORDER is usually the first one read."

Our friend, Dr. E. G. H. Miester, who says it should be spelled *curantur*, has removed to Batavia, Ill.

Dr. W. O. Chesman, of Chicago, says: "I get more real meat out of the RECORDER than any other journal."

Dr. S. Leroy Hetrick has removed from Red Bank, N. J., to No. 549 Ninth Street, Brooklyn, N. Y.

## PERSONAL.

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"Life consists of a consecutive line of constructive fermentations, Schneider. How wise! And so lucid!

A Paris woman found she was entered officially as a boy at her birth and had some trouble to prove otherwise.

The American is not happy without his "examining board" and has created one in Hawaii, much to the consternation of the native doctors.

Some grumblers say the world would be better if there were more widows.

"Uneeda bayla hay," remarked the donkey to the elephant, as the latter marched for a peanut.

The Imperial Health Department intends to "exterminate the rats." Just as a wager we'll go two to one on the rats.

Dr. Garnault, who inoculated himself with bovine tubercle bacilli, did not contract tuberculosis. The moral is?

The vigorous laying on of hands is said to be a good cure for bad children.

No, Mary, "shaving a note" is not an operation that reduces its amount on payment day—quite the contrary.

The are 12,000,000 bacteria in a handful of cherries according to Ehrlich. Well?

Montana has a State Board of Osteopaths, presumably for the protection of the public.

If bacteria kill then the bank tellers ought to be a short-lived race.

Winter days, like some men, are short.

King Edward's doctor is reported as saying that drunkenness is not a disease, but a sin.

"Few of us are letting Homœopathy win the laurels it might. We are like the Athenians of old, ever looking for something new."—*No. Am. Jour of Hom.*

The theorists in the army canteen question know more about the matter than the officers on the ground.

There is an urging to utter something when the finger hits the wrong key on the writing machine.

Drop the compulsory part of vaccination and all the racket will cease. The Anglo-Saxon will ever kick at any compulsion.

# THE HOMŒOPATHIC RECORDER.

VOL. XVIII

LANCASTER, PA., FEBRUARY, 1903.

No. 2

## PROVING OF THYMUS SERPYLLUM.

Conducted by Paul Allen, M. D., New York Homœopathic Medical College.

*Thymus s.* belongs to the Mint family, all the members of which, I believe, have a marked action on the uropoetic organs, and especially on the elimination of uric acid.

*Thymus* contains a volatile oil *Thymol*, *Tannin*, a gum and woody fibre.

The *Thymol* is decomposed into *Thymene*  $C_{10}H_{16}$ , a liquid essence isomeric with the essence of *Turpentine* and *Thymic acid*  $C_{10}H_{14}O_2$ , a *Stearoptene* similar to *Camphor*.

*Thymol* is a very powerful germicide, killing the germs of typhoid fever in thirty minutes.

Small doses of *Thymus* act as a sedative and contra-stimulant, the depressive action being preceded by a period of excitation.

Large doses blunt the sensibility and produce motor incoördination and sleep.

Animals poisoned by *Thyme* sleep standing and are insensible to the prick of a pin. They have muscular contraction and tremors, vertigo and turning movements.

There is an increase of diarrhœa, vomiting appears, prostration is extreme, the skin becomes cold and death sets in with all the symptoms of a depressant poison and with complete anæsthesia. These final symptoms are due to the *Thymic acid*, which is a camphor.

The following proving was obtained by five students of the class of 1903 of the N. Y. Hom. College, namely, (1) Cook, (2) Benson, (3) Pettet, (4) Kellogg, (5) Miller. These provings are combined with the symptoms obtained by Dr. Camperdon, of Paris, in 1884.

The students, under my supervision, for the first two weeks

took one disc medicated with the *Tincture of Thymus* every hour. For the second two weeks took two discs every hour.

Dr. Camperdon gave four to twelve minims three times a day on an empty stomach. During the course of the proving habitual catarrhal and sanguineous discharges diminished in frequency and intensity, leucorrhœas became less profuse, less liquid, and even ceased if to the internal medication were added douches of the *Oil of Thymol*, 1 to 1000. Hæmorrhoidal discharges were lessened. Menstruation which lasted in some women until the eighth or tenth day returned to the normal duration and was less watery.

From the fourth to the eighth day there was an increase of the vital forces. The pulse increased in fulness. He felt more cheerful. His morale was elevated. Later he became over-excited, and was in a state of constant mental agitation.

Everything he said or did was all right, what others said or did was all wrong (3), 25-32 days.

Irritability < at the least opposition (3), 25-32 days.

Goes into a rage over trifles (3) 25-32 days.

Sense of approaching trembling on awaking in A. M. and in evening (3), 25-32 days.

On the verge of nervous collapse, nerves felt all run down (3), 25-32 days.

Feels as if run down physically (5) 20-30 days.

Slight drowsiness (5) 20-30 days.

After stopping the drug has felt much better (5).

ringing in the ears was repeatedly noticed, accompanied by a feeling of pressure in the head and severe pounding over the temples.

This was followed by partial deafness and in one case by complete deafness.

There was a sensation of burning in the pharynx and the expectoration became scanty and difficult.

The laryngeal mucous membranes exhibited an exanthemata exactly like that produced by large doses of the essence of *Turpentine*.

Noticed an increasing tendency to take cold in the throat (3) 1-8 day.

Sensation of a grape pulp in the throat, especially in the A. M. > after eating (3) 15-32 day.

Sore throat, left side, < swallowing empty (4) 8 day.

Sore throat, right side, swallowing (1) 9-20 day.

Soreness in throat on rising > after breakfast (5) 19 day.

Sore throat < A. M.; momentarily > drinking liquids (1) 21 day.

Throat sore (4) 24 day.

Return of sore throat (1) 25-32 day.

Throat dry (5) 19 day.

Throat dry (1) 21 day.

I wish to here state that these students were examined by Dr. R. M. Jones for their ears, nose and throat, and by Dr. J. W. Dowling for their lungs and heart, before, during and after proving.

Before proving the students were normal.

Dr. Jones found the following condition in the throat of all five provers after taking the medicine for ten days:

The entire mucous membrane of the pharynx was a deep dark red; over this surface the capillary bloodvessels stood out distended to the point of bursting, and yet with all this apparent congestion the subjective symptoms were comparatively slight.

This state of affairs did not extend to the nose or ears.

After the drug was stopped the membranes resumed their normal condition.

Appetite was increased, the digestion taking place more rapidly.

There was burning and pressure in the stomach, causing pain and vomiting, the ejecta often being tinged with blood; in spite of this discomfort in the stomach the digestion went on unimpaired 4-8 days.

When the dose of *Thymus* was increased to limit, 12 minims, t. i. d., on an empty stomach, the effects on the stomach were again affirmed; the appetite kept good and digestion was easy and perfect, but later on the appetite vanished and he became nauseated.

Loss of appetite (5) 20-30 day.

Felt sick and nauseated while taking the drug (5).

Rumbling of gas in abdomen (4) 22 day.

Sudden great soreness in left testicle, forcing him to walk slowly and with his legs apart (3) 25 day.

The stools become drier and more copious.

Erections at night of short duration. Later, after 30m., t. i. d., painful erections at night.

The urine showed repeatedly an increase in amount. No albumen and no blood, dark, cloudy and two colored; originally brown or brownish-yellow it turned to a reddish-brown, due to a large

amount of Indican caused by the *Thymol* (Heinrich Furth, Bonn, 1891).

The urine, while warm, smells strongly of violets, less strong than that produced by *Turpentine*, thus showing the elimination of the *Thymene* by the uropoetic organs.

This odor was repeatedly verified.

Urine seems watery (2) 4 day.

Urine dark in color (4) 21 day.

Urine smells strong (4) 10 to 12 day.

Urine dark colored, less strong in odor (4) 14 day.

If the daily dose is increased to thirty minims the odor of the urine and sweat is not increased.

Urine increased in quantity (5) 14 day.

More frequent desire to urinate (1) 2-32 day.

More frequent desire to urinate (2) 4-30 day.

Slight difficulty in urinating (2) 4 day.

More frequent desire to urinate (3) 3-32 day.

More frequent desire to urinate (4) 11, 15, 21 day.

More frequent desire to urinate (5) 5-25 day.

Frequent desire to urinate, with burning and smarting (1) 21-32 day.

Large doses of *Thyme* caused difficulty in urinating with burning along the urethra.

Needle-like pains in the urethra while urinating in the evening before retiring have been most marked and constant during the proving (2) 4-32 days.

Smarting and burning in urethra after urinating (1) 5-6 day.

Pricking in urethra as if the urine was washing down fine needles which seem to stick at the end of the urethra (2) 7 day.

Smarting and burning in urethra after urinating (1) 10-20 day.

Fine needle-like pains on urinating at intervals (2) 12-19 day.

These needle-like pains were < before retiring at night (2).

Pain in urethra on urinating lasted 1 day (5) 13 day.

Pain in urethra while urinating returned (5) 17 day.

Tingling in urethra while urinating (4) 17 day.

Pain in urethra while urinating lasted 8 days (5) 17-25 day.

Pains after urinating present one day and absent the next day, only to return of the third day (1) 21 day.

Tingling in urethra while urinating (4) 21 days, 22 day.

Smarting pain while urinating (4) 26 day.

The cause of this frequent desire to urinate and the pain while urinating will be readily understood from the following table:

	1ST WEEK.		2D WEEK.		3D WEEK.		4TH WEEK.	
	Total 24 hrs.	Uric acid per 100 c.c.	Total 24 hrs.	Uric acid per 100 c.c.	Total 24 hrs.	Uric acid per 100 c.c.	Total 24 hrs.	Uric acid per 100 c.c.
Benson.	1440 c.c.	$\frac{5}{16}$ grs.	1500 c.c.	$\frac{1}{16}$ grs.	1260 c.c.	$\frac{1}{16}$ grs.	1300 c.c.	$\frac{1}{16}$ grs.
			1022 sp.		1020 sp.			
Cook.	1260 c.c.	$\frac{5}{16}$ grs.	1470 c.c.	$\frac{1}{16}$ grs.	1560 c.c.	$\frac{1}{16}$ grs.	1500 c.c.	$\frac{1}{16}$ grs.
			1034 sp.		1027 sp.			
Miller.	1380 c.c.	$\frac{9}{16}$ grs.	1440 c.c.	$\frac{1}{16}$ grs.	1560 c.c.	$\frac{1}{16}$ grs.	1400 c.c.	$\frac{1}{16}$ grs.
			1028 sp.		1026 sp.			
Kellog.	1200 c.c.	$\frac{4}{16}$ grs.	1290 c.c.	$\frac{9}{16}$ grs.	1320 c.c.	$\frac{1}{16}$ grs.	1380 c.c.	$\frac{1}{16}$ grs.
			1023 sp.		1028 sp.		1030 sp.	

The one noticeable feature of this report is the marked increase in the *Uric acid*; the total amount of urine passed daily remained about the same. It also accounts for the smarting and tingling while urinating, and for the primary exaltation of the spirits.

The pulse becomes slow but increases in fulness 4-8 day.

If the daily dose increased to 30 minims, t. i. d., on an empty stomach; apparently a dangerous dose; we find, the pulse is quickened, becomes small and febrile, the appetite vanishes and nausea supervenes. There is a slight diarrhoea. He becomes over-excited now and then; later on he gets into a state of constant agitation, has loss of sleep with frequent and painful erections.

Transient pains in R shoulder < motion (2) 3 day.

Stiffness or soreness in R shoulder < motion (2) 3 day.

Transient pains in L shoulder < motion of arm (1) 4 day and 5 day.

Dull aching pains about L shoulder (4) 7 day.

Dull ache in shoulders in A. M. (4) 9 day.

Dull ache in R groin (4) 24 days and 25 day.

Transient stiffness or soreness in L knee < motion (2) 3 day.

Spasmodic twitchings of rectus and vastus externus just above knee 3 to 4 sudden contractions of the muscles, then a relaxation, repeated several times (3) 28 day.

About one hour after taking the drug a feeling of warmth sets in followed by gentle sweating, occasionally limited to the face and breast.

Perspiration is produced without effort and becomes odorous.

The *Thymic acid* is evaporated by the sudoriferous glands and the pulmonary passages, as proved by the odor of thyme in the

sweat and breath; even the night robe is scented with the odor of thyme.

Several persons presented at this time a slight scarlatinous roseola with red papules.

Slight pustular eruption on the cheek (4) 22 day.

Pustules on neck (4) 22 day.

Increase of pustules on face and neck (4) 29 day.

Prover 4 never before had pimples.

In persons who have weak pulmonary mucous membranes there appeared a dry painful cough with a sensation of burning in the pharynx, with scanty difficult expectoration.

#### A CASE OF EPILEPSY CURED BY STRAMONIUM.

A few years ago while I was attending a religious meeting in this city the services were disturbed by a young man taking an epileptic fit. Some fifteen minutes later when I left the meeting-house I noticed that the moon, then nearly full, had risen from behind the eastern range of mountains just about the time the young man was seized with the epileptic fit. Was this a mere coincident, or had the moon's rays any real influence in this case?

This young man received one single dose of *Stramonium* 30, which so far cured him that up to the time of his death, some eighteen months later, he never had another attack of epilepsy; he was carried off by typhoid fever, but was not then under my care. Before receiving *Stramonium* he had often been seized with epileptic fits. What made me give *Stramonium*? To my mind there was no well-defined symptom present, except that of the time of the attack, viz., about 7:45 P. M. At that time I was still under the impressions received by the perusal of a little work of Dr. Chapiel, of Paris, *Des rapports de l'homœopathie avec la doctrine des signatures*" (As the Relations Between Homœopathy and the Doctrine of Signatures), in which he expressed the idea that plants which open their flowers during the night are useful against diseases, the paroxysms of which show a well-marked nocturnal periodicity, diseases such as asthma, epilepsy, somnambulism, etc.; as an example he cites *Cactus grandiflorus*, the flowers of which open between 9 and 10 P. M., and close at 2 or 3 A. M., and which he claims corresponds to nocturnal affections of the heart, lungs, etc.

*Datura stramonium* being another one of those flowers which open at night, I was induced by these considerations to try it in this case, especially by the fact that it opens its flowers between 7 and 8 P. M. and closes them between 2 and 3 A. M. The success was all I could wish for. Those that are interested in this notion can see the floral clock of Linnæus enlarged, and improved in the Natural History of Plants, by Anton Kerner von Marilaun, the Austrian professor of botany. Consult also Blanchan's Nature Garden, New York, 1900.

### Cuprum in Skin Diseases.

*Cuprum* is seldom used in cutaneous diseases; some claim that the use of copper cents or pennies as money in the hands of the millions of the common people is an efficacious preventive of the itch. Be that as it may, this metal proved an excellent remedy in my hands. It was a very obstinate skin eruption on the hands and wrists of two ladies, both quite fleshy, one fair and the other dark haired; one single dose of *Cuprum* 30 (whether metallicum or aceticum I forget now) sufficed in each case. I tried the same remedy in a similar case, but this time without full success, for the eruption would return after awhile. This patient was a hod-carrier by profession, and the eruption was probably caused by the lime used in mixing the mortar. I don't know but what the same remedy would prove successful had this man patience enough to stick to it. And I am myself no believer in frequently repeated doses.

I was led to use this remedy by some remarks of Rademacher in his "Rechtfertigung der . . . Erfahrungshcillehre der alten Scheidekünstigeir Geheimärtze," Berlin, 1848 (Justification of the Empirical Medical Practice of the Ancient Alchemists, Vol. II., page 451), where he cites the case of a young man, formerly working in a distillery, and who now had to stay at home on account of a moist herpes which covered mostly the arms, but also the trunk and the legs; the wrists were so much affected that they were nearly stiff; the patient was without strength, had lost much flesh, his sleep was disturbed, his limbs itched and were painful when he moved them, he felt languid and lazy, and was totally unfit for any kind of work; the eruption itched intensely. Rademacher gave him some *Tincture of acetate of copper*; after using it for three days the first effect was to lessen the fearful itching,

which disappeared gradually; then the herpes lost its redness and dried up, the scales fell off, and in three weeks the skin cleared off entirely.

A. RAMSEYER.

*Salt Lake City, Utah.*

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"AS ITERS SEE US."

"E'en homœopaths they ha'e been kened  
At times a rousin' whid to vend."

"Professor, do you find it so d——d easy to *do* those things?" That question was put to me once upon a time. The propounder is to-day a well-seasoned practitioner, and perhaps he will recall the occasion of his emphatic enquiry. He had brought a patient to the college clinic and had dropped in to hear a lecture on "Mat. Med." Shaking his hand (for he was one of the early graduates) the reply was: "Then you've found out the difference between preaching and practice, have you?"

The lecture was upon a well-tried remedy; the lecturer was not dealing in "glittering generalities," but with "known quantities," and having himself proven the puissance of the "remedy" he was treating of, the emphasis was commensurate with his conviction regarding the truth of the assertions he was making.

The difference between the fresh graduate and the teacher was simply this: The one had won the courage of his convictions at the bedside; the other had them still to win. Having won again and again, he, too, would bear as emphatic testimony to the truth. Did *Leatherstocking* mistrust his tried and true rifle, "Killdeer?" Given the "bead" and *he knew* what a touch of the trigger would do.

In reading our homœopathic journals I am often reminded of our fresh graduate's brusque enquiry, for in regard to altogether too many "cases," reported with an *insouciance* that appears to be indigenous with many a homœopathic physician, I find myself compelled to question the "do." As a "school" we have always had too many Captain Bobadils to the acre—just such swash-bucklers in therapeutics as was Ben Johnson's mouth-valiant captain. We all know them; those singular practitioners for whom a "remedy" will perform miracles which it stubbornly refuses to achieve in any hands but theirs.

This is the emphasis that *discourages*, not *encourages* the neophyte; and this is the empty braggadocio that brings our literature into disrepute, for “ithers see us,” even if we do not ourselves see what a sorry figure we are displaying. Then it is that the *Ex uno disce omnes* makes havoc *indiscriminately*.

For one, I refuse to submit to a depreciation which is procured neither by what I have done nor what I have mis-done; and I claim the same right to make any physician ridiculous who has endeavored to make me so only because I am a homœopathic physician. I will cheerfully be damned for sins of my own doing, but I am not at all vicariously inclined. Let this inclination shield me from the charge of making an invidious criticism, for self-preservation is the first law of nature and the last.

The boastful paper of which I complain is entitled “Homœopathy in Diphtheria,” and it enters the ring with the following declaration: “As an evidence of the ability of Homœopathy, pure and undefiled, in malignant diphtheria, the following case, one swallow toward a summer, may prove of interest.” (It most certainly has.)

The subject is “a young man of twenty-four.” We are also informed that he “graduated last summer from the engineering department of the University of Wisconsin,” though what that has to do with the diphtheria does not appear. In passing, it may be well to remark that “graduated” is not a transitive verb—the exemplary young man *was graduated*, and we hope his diphtheritic attack was not a direful consequence. This young man was also “employed as an assistant engineer by the American Bridge Company” (number and street of their office not stated) “in the construction of the State and Randolph street bridges in Chicago,” etc., etc.

Then follows this gem: “I have been particular about the individuality of the subject that whatever of query may arise in the mind of any doubting Thomas about the authenticity of the report of a case of malignant diphtheria cured homœopathically may be dispelled in the beginning.”

As far as the English language is concerned, “the individuality of the subject” which “establishes,” etc., is first, a young man of twenty-four; secondly, he is a graduate from the University of Wisconsin; thirdly, he is an assistant engineer employed in bridge-building; and from these data we are expected to establish “the authenticity of the report,” etc. This knocks a syllogism in

*Barbara* higher than Gilderoy's kite, and as a rule syllogisms generally catch it in homœopathic journalistic literature.

Now this unfortunate young engineer applied for treatment on the 20th of September, having had a previous "general malaise of four days." (As "malaise" isn't always "general" it is well that our attention was called to this peculiar exception!) Three days later a noted diagnostician "also saw the throat and pronounced it the worst case of diphtheritic membrane he had seen in many a long day."

(A "case of diphtheritic membrane!" Surely Homœopathy does meet with some decidedly curious "cases.")

Remember, please, that we are told that this was a case of malignant diphtheria, but do the subjects of "malignant diphtheria" usually apply at the physician's *office for treatment* after the disease has been progressing for *four days*? Isn't a Chicago "malignant diphtheria" rather slow in getting in its work? Malignant diphtheria, the characteristic of which is the early and profound adynamia, allowing its victim to apply, *in person*, at the doctor's office for treatment!

After three days' treatment "the larynx was invaded to that degree that the patient was hoarse and could speak with difficulty. Swallowing was almost impossible, and the subject was already (!) weak from lack of food and from the systemic poisoning he was undergoing. The heart-action was feeble and irregular, the skin swarthy, the sclerotics (was?) glossy and bluish, breathing labored, his legs would hardly carry him; in fact, he was a very sick young man." Nevertheless the physician did not see the patient again until "*two days later.*" Can we generally leave cases of "malignant diphtheria" unvisited for forty-eight hours? And are "debility, heart-weakness and sense (!) of exhaustion" sufficient to designate the *similimum*?

After seven days' illness with "malignant diphtheria" "the prostration remained profound; the pulse was still weak and now very slow; the patient showed an anxiousness that I did not like, and was restless. He could not be still, but desired to move and to be about his room." And this despite the "profound prostration."

"Within twenty-four hours under *Arsenicum* the patient felt so much better that he wished to resume his work." *This after ten days illness with "malignant diphtheria."*

"Every new case that comes under my observation, like that

of the young man just reported, but makes me stronger in my confidence in a correct homœopathy." *Finis coronat opus!*

And this caricature is called *Homœopathy in Diphtheria*: "Homœopathy, pure and undefiled, in malignant diphtheria."

"O wad some power the giftie gie us  
To see oursels as ithers see us!"

S. A. J.

*Ann Arbor, January 23d.*

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TEXT BOOK OF CLINICAL MEDICINE—PRINCIPLES OF DIAGNOSIS—CLARENCE BARTLETT, M. D.

On being introduced to a new acquaintance, no matter how firmly convinced we may be that "beauty is but skin deep," and that "handsome is that handsome does," we are naturally and unconsciously attracted or repelled by the external appearance of the individual, although subsequent closer knowledge may prove our bias to have been unjustified. It is with books as with persons, a well made, good looking, good feeling book naturally attracts us and predisposes us to judge favorably of its contents. It sometimes happens here too, however, that a beautiful exterior covers but cannot conceal imperfections, faults and inanities which we are apt, however, to judge leniently by reason of their attractive garb.

In the case of the book before us no one can fail to be won by its appearance as a sample of book making. In every respect it is well up to the mark, and it is a delight simply to handle it, a pleasure which is not lessened but rather enhanced when we come to examine its contents. Here again, going from the exterior, we find these contents clothed in a style which, for concise lucidity, cannot be excelled. The subject matter was such that the author might easily have been tempted to try to impress the facts by diffuse repetition. This he has avoided, and every sentence tells. It is not a work over which one can skim hastily, it needs to be studied.

With its 976 pages it forms but the first part of a contemplated work on clinical medicine, being devoted to diagnosis; the second part is to deal with treatment. It is evident that this is a radical departure from the traditional method of handling the subject of disease in the various books on the practice of medicine, and needs

justification. This it finds, as the author points out in his preface, in the fact that it is the plan employed in the examination of a base, and is, therefore, the most natural and practical, "describing the various symptoms which go to demonstrate that a person is ill, and giving details as to their clinical relations and diagnostic significance." Did each case we are called upon to treat correspond exactly to the standard type described in the text books there would perhaps not be as much need for a work of the present character, but even then there would remain unnoticed many symptoms of importance to a complete conception of the pathological changes taking place, although not necessary to a diagnosis by name.

We have for many years urged that the most natural and practical method of treating of the practice of medicine, more especially in our own school, would be to begin with the diagnosis of the symptoms not of the disease. The patient presents himself in a condition representing illness. This we analyze by our examination into the various symptoms with their pathological interpretations, and then by synthesis reunite them into a composite picture to which we attach, perhaps, a traditional standard name, representing only the fundamental deviations from health, leaving out of view many the occurrence or non-occurrence of which is dependent upon the extension of the disease, its intensity, or the peculiarity of the patient. We have always maintained that a work which should follow this plan would fill a long-felt want, and would contribute more to the foundation and advancement of a scientific homœopathic therapeutics than any practice built on traditional lines. In the book before us we have a work of this indicated character. Its title, *Diagnosis*, is in its conciseness somewhat misleading, for, examining its contents, we find that it is first and foremost, as it should be, a diagnosis of the symptoms, as to their character, pathological basis and clinical significance. This is then followed by a synopsis of the symptoms and clinical course of the most important diseases in which such symptoms occur.

This plan is followed out according to an anatomico-physiological method, if we may use the term. The methods of examining the various organs and the symptoms attending the performance of the respective functions are clearly given, and the different pathological conditions underlying similar symptoms are pointed out with the concomitants which assist in making a differential diagnosis.

To illustrate, and, at the same time, to show the thoroughness with which the author has treated the various subjects, we open at random, under *the intestines* to the subject of *constipation*. We find first ten constitutional, then seven local causes given, each with its characteristic signs by which it can be most readily recognized, followed by eight prominent symptoms attendant upon constipation. The occurrence amongst these last of the statement that left-sided sciatica may be brought about by the local effects of a distended sigmoid flexure shows what practical reminders result from such thorough treatment of the subject. Again the subject of *cough* is treated as dry or moist, the constant or paroxysmal, organic or reflex; accidents in coughing; expectoration, as to quantity, odor and color; bloody expectoration; collection of sputum for microscopic examination and the special preparation and staining methods necessary to recognize the various components of the sputum and their significance.

This merely by way of illustrating the exhaustive method that characterizes the whole book. In every case the methods of making the various examinations are given most fully and clearly.

The first chapter treats of the examination of patients and the making of records. The second chapter on temperature includes a veritable treatise on fever, and the changes and course of febrile affections, thirty varieties of which are enumerated with sufficient detail to make very interesting and instructive reading. Rigors, subnormal temperature and sweat close the chapter. Chapter third treats of the pulse and its significance, illustrated by numerous sphygmograms. Respiration, its varieties, and the causes of interference with respiration are set forth in Chapter IV. Then follow the symptoms of the organs of digestion, and of the respiratory organs, with complete yet much simplified instructions on the physical examination.

Next to claim our attention are chapters on the heart, its examination and its diseases; an exhaustive treatment of the urine and all methods of examination; disorders of micturition; the kidneys. In Chapter XVI., on the blood, we are put in possession of all the technique requisite for its examination, with numerous illustrative plates, and the diagnostic import of the various findings. The next chapter on symptoms relating to the external surface, involving for the most part alterations in shape and size, can best be consulted in connection with the excellent index found at the

end of the volume, until a careful perusal has made us familiar with the great variety of subjects found in it.

The Nervous System, Cerebral Localization and Localization of Lesions of the Spinal Cord occupy the following chapters. The author's known proficiency in this specialty is sufficient guarantee for the practical and lucid character of these chapters. Chapters on the Eye, Ear and X-ray diagnosis complete the work. This short resumé of the contents will give a faint idea of the wide scope and completeness of detail of the work, but a full appreciation of its value not only to the student, but in a still greater degree to the practitioner, can only be gained by a study of the work itself. Its possession is a necessity for every progressive physician, regardless of school; there is nothing to offend either, but much that each can study with profit.

We regard it as marking an epoch in homœopathic literature. Whether consciously or unconsciously the author has laid a scientific basis for the reconciliation of homœopathic symptomatology, and pathology. Its anatomico-physiological method lends itself directly to such a result, and a homœopathic therapeutics could be constructed on almost parallel lines. The value of the work to the close student of our materia medica cannot be overestimated. It will enable him to trace connections between widely different symptoms, and to interpret their relative pathological significance, while at the same time it will teach him to recognize the important indications of a remedy and to relegate to their subordinate positions those symptoms which are but remotely the result of drug action. A book of homœopathic therapeutics based upon this work, combined with a recognition of such adjuvant methods as have stood the test of time and experience, could not fail to gain the recognition and approval of all classes of practitioners, both in our own and in the allopathic school. We trust that the second part of *Clinical Medicine on Treatment* may be built on the indicated lines, and until then we can only urge all to study the present volume, and to feel glad that the author is a member of the homœopathic school.

W. H. BIGLER, M. D.

*Philadelphia, Pa.*

## A SEVERE "STRAIN."\*

"Ah! here's richness!"

—*Wackford Squeers.*

The "freak" typography of the title-page of this booklet provokes a smile; and after reading the volume one is prepared to admit that "biographic clinics" are sufficient to account for the "ill-health" of not only De Quincey, Carlyle, Darwin, Huxley, Browning, but even that sad sufferer, Lydia Pinkham!

The reader also arises from the perusal with a profound commiseration for Dr. George M. Gould as one sadly overstrained. For the sake of his spouse's second husband it is to be hoped that the smitten doctor is carrying a nice life insurance.

Dr. George M. Gould, Editor of *American Medicine*, Author of "An Illustrated Dictionary of Medicine, Biology, etc.," "Borderland Studies," "The Meaning and Method of Life," etc., is nothing if not versatile. He is even deserving of Artemus Ward's definition of his kangaroo as "an amoosin' little cuss."

As a practical joker George M. Gould, M. D., throws Theodore Hook so far into the shade as to make a first-class search light indispensable for discerning the obfuscated humorist; but when did ever an *American* come out of any competition second best? Lo! the American eagle is preening its plumage with proud delight!

One can not truthfully say that Dr. George M. Gould is nothing if not critical; it is nearer the truth to put it, little enough, if not startling. Judging him from his pronouncements upon Homœopathy one would say "stunning" rather than "startling."

It must be admitted that it is hardly fair to judge Dr. Gould from his editorial deliriations anent Homœopathy. As the editor of a medical journal he is well aware that the advertisements of proprietary medicines are not sufficient to defray the attendant expenses. He also well knows that "the demand regulates the supply." He may have also found that writing *ad captandum vulgus* involves the least "eye-strain" — and self-preservation, if

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\*Biographic Clinics the Origin of the Ill-Health of De Quincey, Carlyle, Darwin, Huxley and Browning. By George M. Gould, M. D., editor of *American Medicine*, author of "An Illustrated Dictionary of Medicine, Biology, etc.," "Borderland Studies," "The Meaning and Method of Life," etc. Philadelphia: P. Blakiston's Son & Co. 1903.

not "the meaning," is certainly the usual "*method of life.*" Of course all this is conjectural, but we are comforted by the conviction that Dr. George M. Gould knows how it is himself.

As Dr. Gould affects the startling and stunning method, it is difficult to avoid the suspicion that the *quasi* "origin of the ill-health" of five of the most notable literateurs and scientists of the last century is simply a foil for Chapters VI., VII., VIII. and IX. Indeed this book reminds one of a Jew clothing store; the display in the window being simply to attract "suckers," while the merchant "gets in his work" in the rear.

Surely, to be told that DeQuincey's lapses and Carlyle's comminatory collapses are due to "eye-stain" is enough to paralyze the average reader. And when he is informed that Darwin "had it bad," so badly, indeed, that he went outside the family vault to find the bones of his ancestors, he is stricken speechless. And when he still farther finds that Huxley had been pious enough to satisfy the most scrupulous only for the "pure cussedness" of "eye-strain," he is simply comatose. But, courage! There is balm not only in Gilead but also in the last four chapters of the book; the frequent and constant correction of one's astigmatism will eliminate "original sin" and put the Westminster Catechism out of business. The plenary powers of the Pope are nothing compared to a pair of proper prisms. *Gaudeamus!*

Perhaps the proudest day in a girl's life is when she is able to make her own rag doll; shaping it to suit her wayward fancy, and stuffing it with "any old thing." We are only children of an older growth, and Goldsmith assures us,

"The sports of children satisfy the child."

Who, then, can so harden his heart as to chide Dr. George M. Gould for shaping and stuffing his own rag doll according to his ideal? But are we not told,

"The heathen in his blindness  
Bows down to wood and stone."

Even so, but "the tricks that are vain" are not the prerogative of "the heathen Chinee," neither do all heathens wear a pigtail; some part their hair in the middle.

It may not ruffle the complacency of Dr. George M. Gould to know that there are those who can clearly discern the pitiful *betitio principii* to which he has descended, and who can as clearly perceive that he can not or will not discriminate between mere

consequence and the antecedent cause. Yet, is not the limitation that he suffers from somewhat of an anomaly in one who is able to expound "the Meaning and Method of Life?"

Carlyle declared that from wood and leather could be made a better logical apparatus than many a clergyman carried under his shovel-hat. Does any one know if such a combination has ever been applied to the writing of medical books?

Before to-day Dr. George M. Gould has made merry with Homœopathy, but has not he fully as intense a *pica* for "symptoms?" So it would appear from the stress he puts upon such a one as that cited on page 33 ("Kicks about at night and cries out in his sleep" is an almost invariable report of parents in astigmatic children").

"Prodigious!" as Dominie Sampson would say. Does it need a knowledge of ocular optics to differentiate between astigmatism and worms?" If so, there is many a toothless old nurse who can cover the learned "Editor of American Medicine" with merited confusion.

"Science" is the fetich of modern civilization, and these "false gods" have an ever-increasing priesthood; but there are those who could distinguish between a chordee and a catalepsy long, long years before the distinguished "Author of 'An Illustrated Dictionary of Medicine'" had migrated from the paternal epidydimus.

"So say we all of us," and "without prejudice." "Next."

S. A. J.

*Ann Arbor, 10th of January.*

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### CRATÆGUS OXYACANTHA IN ANÆMIA.

Dr. Cooper writes: "With reference to the pathology of the case of anæmia reported by me in August last and to my reasons for prescribing *Cratægus oxyacantha*, I may say that I have often found its exhibition in unit doses to be followed by extraordinarily good effects in the anæmia of young girls where chalybeate preparations had been quite ineffectual, or where iron had lost all its beneficial influence.

"These forms of anæmia are attended by a widespread bloodlessness that affects the entire body, but inasmuch as the prominent symptoms and the obvious physical signs are cardiac, I

naturally was led to this remedy, which had already established a reputation in heart cases."—*Homœopathic World*, January, 1903.

That is a good point to remember when iron does not act.

### FRAXINUS AMERICANA.

The White Ash, medicinal qualities in bark, recommended in dysmenorrhœa, but given a more important sphere of application by the late Dr. Burnett (*Organ Diseases of Women*) for uterine prolapsus and displacements, has proven a remedy of value in a much broader field of usefulness in its action upon the female pelvic organs than heretofore allotted to it. Its curative effects seem to be due to its qualities as a vasomotor stimulant, centering primarily in the sexual sphere.

The mental symptoms show depression with a nervous restlessness, anxiety, forgetfulness, with difficulty in mental concentration. Uterus enlarged and patulous, with a watery unirritating leucorrhœa, readily displaced uterus, ligaments seemingly incapable of exercising the proper support.

We find usually tenderness in the left inguinal region, with weight and pressure through the hypogastrium, bearing down with a feeling that visera will be expelled, pain often extending down the thighs, and the many distressing symptoms which accompany sub-involution, comparing with *Lilium tig.*, *Sepia*, *Cimicif.* The lower potencies appear to be most effective.—*Dr. R. T. White.*

(Burnett's usual dose was five drops of the tincture.)

### THE SEDUCTIVENESS OF COMBINATIONS.

Alfred Drury, A. M., M. D., New York City.

Better words with which to open this paper can hardly be found than those of Dr. Thomas L. Shearer, in his address as retiring president before the National O. O. & L. Society last June. He urged the necessity of more exact prescribing and the more careful selection of drugs. In condemning the use of the compound triturate tablets put up by our pharmacies, he made an urgent appeal to physicians to take a decided stand against the prescribing of

combination tablets. He said: "Truly, they are well named, for by their use we develop carelessness in prescribing, allow the selection of a remedy according to the law of similars to become a lost art, and remove the safeguards and defenses of our school—a combination of evils much to be desired by our enemies." And yet in spite of their evils, many physicians are led to use combination remedies because it is so easy. It often requires patience and long labor to differentiate between two drugs, either of which seems to be indicated in a certain condition. It is a remarkably attractive temptation to give both remedies and allow nature to select the one which is needed. The pharmacies are making this practice easy. Scarcely a week passes that does not bring me either a sample bottle of tablets or fluid or large wads of literature, booming some particularly marvelous combination of remedial agents, warranted to cure some trouble hitherto considered unmanageable. Only the other day an agent called upon me and opened a satchel as large as an obstetric bag, filled with combination tablets.

The use of this means of giving medicine offers special inducements to the quack and the charlatan. It is only necessary to have an attractive office, a stock of combination tablets and specifics, and one is ready for anything. Even the labels, in some instances, do not tell what the ingredients are. Only learn the name of the trouble to be treated, find the bottle bearing the same name, and presto! the deed is done. Surely a seductive way of prescribing! But, alas, that the homœopathic physician, who has such a complete armamentarium, should fall into such lax habits

It is certainly much easier to give a migraine tablet for headache, than too look up the similitum. But if the right drug be found, and that alone given, the good effects are not only more lasting, but are just as speedy; and the prescriber has valuable knowledge added to his experience. This was impressed upon me one evening when I met a lady with a terrific right-sided migraine. It was just the sort of case to tempt the use of a headache tablet. She was a visitor. I should probably never see her again; certainly not in a professional way. But fortunately there were no tablets convenient. So *Sanguinaria* was prepared and ordered to be taken every fifteen minutes until relief came. The pain was gone in twenty minutes.

A case of tonsillitis once brought to my notice an amateur use of combinations. The little daughter of a family had a bad sore

throat and developed a temperature of  $103^{\circ}$ . Her father had dabbled some in Homœopathy and attempted to break the fever. In the morning he came to me and said he was not able to do it. He had given a dose that should have knocked the attack higher than a kite, if combinations of good remedies were effectual. A homœopath had once told him that it was all right to give a number of drugs together, provided they did not antidote one another. So he had taken half a glass of water and put in a few drops of *Aconite*, *Belladonna*, *Phytolacca*, and the *Protoiodid of mercury*. I did not know of this remarkable prescription when *Belladonna* alone was left to be taken, but the next evening the case was dismissed, practically cured.

Suppose this case had gotten well while taking the combination dose. What would have been gained? But the treatment with one drug gave the physician a renewed faith in the efficacy of the single remedy, impressed the family with the value of Homœopathy, and "obliterated the disease in its entire extent, in the shortest, most reliable and safest manner."

Another case that strengthened the faith, happened early in my professional career. I was called in by a friend to treat his only son. The family had always been believers in the so-called "Regular" school and the gentleman's brother is a prominent specialist in the old school. When a few drops of the indicated remedy were put into a half glass of water, my friend picked up the glass, looked at it, held it up to the light and even smelled of it. It sorely tested all the confidence he had in me as a man to have his only child depend for his cure upon an hourly dose of a teaspoonful of apparently clear water. The case tempted the use of palliative or combination methods, for the gentleman was influential in the community and I was just starting in practice and naturally anxious to make a good impression. But Homœopathy alone triumphed; for it is hardly possible that the boy could have made a more rapid or complete recovery under any method of treatment.

Those tempted to try easy methods of cure and use this seductive combination tablet, should remember that success is obtained only through work. And nowhere is work more richly rewarded than in Homœopathy. It pays to search the materia medica. Our well known physicians are those who are most successful in picking the similitum. And while some may depart from the straight path and use other methods later in life, in most cases they keep

their practice only because they are banking upon the reputation made in their early days.

In concluding, we cannot do better than look at the words of the great father of Homœopathy. Hahnemann says: "In the treatment of disease only one simple medicinal substance should be used at a time. Perfectly simple, unmixed, and single remedies afford the physician all the advantages he could possibly desire. And in obedience to the wise maxim that 'it is useless to apply a multiplicity of means, where simplicity will accomplish the end,' he will never think of giving more than one simple medicine at a time. It is certain that a simple medicine, well selected, will by itself be quite sufficient to give relief in diseases whereof the totality of symptoms is accurately known." Organon: Sect's 272, 274.—*Transactions of N. Y. State Homœopathic Medical Society.*

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### HOMŒOPATHY.

Has Homœopathy as taught by Hahnemann stood the test of time? Have the last 100 years demonstrated to the scientific world that Similia Similibus Curentur is the true theory of medicine, or has Contraria Contrariis Curentur superseded the Hahnemannian syllogism in the march of progress?

From Hippocrates to Hahnemann the practice of medicine was without science to guide it, or common sense to direct it. The few nuggets of truth picked up by one generation, were lost by the next, and so on, an endless chain without progress. Material advancement was made in Chemistry, Anatomy and Astronomy, but the application of drugs to the cure of disease was as crude and unscientific, and as far from the proper conception of the current theory of drug action, as the solution of the problem of life is to-day.

While Arabian, Greek and Roman physicians recommended or rather hinted at the idea that experiments with drugs on the healthy body would be a great advantage in determining the actual effects of these agents, none had a proper conception of the wonderful truths within their grasp. Here is where Hahnemann excelled; he went beyond all previous generations of men in the realm of rational therapeutics.

Hahnemann was a true reformer; he changed the course of

events for the betterment of mankind, and used his ponderous brain and magnificent intellect to turn the chariot of ignorance aside from the beaten paths that were every year becoming more deeply impressed upon the medical fraternity. The laity had no thought of its own, but stood aghast and swallowed the bolus of calomel and jalap, with a stoicism that was truly heroic. Every impulse of nature rebelled against the pseudo system of medicine, but the dense ignorance and entrenched despotism of the intellectual world, were so grounded in the fetichism of the age that to cast them aside and break them asunder was indeed a Herculean task.

Hahnemann's ideas were in conformity to nature's laws, and the theory which he formulated is in strict accordance with true science.—*Dr. J. W. Means, Troy, O. From address at meeting of Hom. Med. Society of Ohio.*

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## SOME RELIABLE CHARACTERISTIC SYMPTOMS OF A FEW DRUGS.

By J. I. Bashore, M. D., Tippecanoe City.

In selecting my subject to present to this society, it was not my intention to present something new in *Materia Medica*, but to recall some of the more characteristic symptoms of the drugs in question. Where a drug presents a symptom which is somewhat similar to a corresponding symptom of another drug, I have digressed enough from my subject to give comparisons.

*Aconite's* greatest characteristic symptom is terrible anxiety and restlessness, with fear of death; the prover even predicts the day of death; is afraid to go where many people are or to cross the street; cannot keep still; skin dry and burning hot.

Now *Arsenicum album* has great restlessness and anxiety, but this comes late in the disease, with great prostration.

*Aloes.*—Morning diarrhœa, weakness of sphincter, passing of much flatus with great relief. Stool every time patient urinates or vice versa.

*Arum triphyllum.*—Patient keeps up a continued picking at bed clothes, or picks at his nose and lips until they bleed. His tongue and buccal cavity are raw and sore and burn like fire. Upon drinking, the water passes up and out through the nose.

*Belladonna*.—Child awakens in the night and imagines it sees ghosts, insects and various imaginary objects; it screams out and can scarcely be pacified. This symptom I have verified a number of times: once with my own child, which I cured with one dose of the C. M. potency. Throbbing carotids, with red face.

*Bryonia*.—Irritable and depressed, "wants to go home" is a symptom met with in acute fevers and is very reliable. Thirst for great quantities of water at long intervals. Pleuritis pains; of sharp cutting character, can not take a good breath without feeling as if a knife was penetrating him. All pains are made worse by motion. Nose bleeding when the menses should appear.

*Colocynthis*.—Intense, griping, colicky pains as if intestines were being ground between two stones, relieved by bending double or making pressure with abdomen over table or something hard. *Veratrum album* is similar; the pains force patient to bend double, but the patient must walk about for relief, with cold sweat, and often with its characteristic diarrhœa. In *Dioscorea* these pains radiate from the abdomen to other parts of the body, as back, arms, etc. *Belladonna* is also similar, but the pains come suddenly and go suddenly. *Colocynthis* also has sciatica pains, as if the hips were in a vise, mostly in left limb, and worse at night, must lie with limb drawn up, pain runs like lightning down affected limb into the calf.

*Cactus grandiflorus*.—Heart feels as if in an iron band. Sick headache and neuralgia pains which are sure to appear when patient misses an accustomed meal. *Cedron* has pain involving the supraorbital nerve and eye, worse on left side and recurs regularly at the same hour each day. *Spigelia* has what the laity termed "sun pain," beginning in the morning, increasing until noon, and then receding, the eyes becoming red and watery. I have never seen this remedy fail in this affection. *Magnesia phos.* has neuralgia which recurs regularly each night, and is relieved by warmth.

*Conium*.—Vertigo on lying down and especially on turning over in bed. These symptoms I have verified just lately in a middle-aged lady who had tried our brother allopaths to no avail. One prescription.

*Rhus toxicodendron*.—In conjunctivitis, when you separate the eye lids a profuse flow of tears flows down over the cheeks. Stiff and painful joints, causing the patient to move about for relief. Also worse in damp weather. Skin covered with a vesicular eruption which burns and itches intensely, worse at night, and aggravated by scratching.

*Kali bichromicum*.—All secretions are tough and stringy, can be drawn out in long strings. Rheumatic pains which fly from one part to another and can be covered by end of finger—case—ulcers which have a tendency to penetrate. Useful in fat, light haired persons. Periodical supraorbital headache with obscure sight, which increases and the sight clears up. Feeling of coldness in the stomach and bowels.

*Hepar sulphur*.—Great sensitiveness of nervous system, especially to cold air, forgets words and localities. pain is intolerable, inflamed surface is very sore, can not bear touching, every little scratch suppurates. Cough loose, hoarse and rattling, aggravated by the least draught of cold air. Sensation of a fish bone or splinter sticking in the throat. *Nitric acid* also has this symptom. Stitches in the throat, extending to the ear, worse on swallowing.

*Sulphur*.—Soles of feet burn so that he puts them out from beneath the covers to cool, heat on top of the head. The eye lids are as red as fire. In fact, all outlets to the body are red and inflamed, early morning diarrhœa, must get out every morning about 4 o'clock, is compelled to go three or four times, and that is the end until the next morning. *Podophyllum* has morning diarrhœa, but does not stop with the morning, but continues throughout the day, and is apt to have prolapsus of the rectum. *Sulphur* has an empty, gone feeling at 11 A. M., each day.—*Transactions Homœopathic Medical Society of Ohio.*

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## THE OSTRICH IN MEDICINE.

The professional ostrich is more common than is creditable to the profession. How many times we read long scientific papers on certain stubborn diseases, in which the author complacently dismisses the practical question of treatment with the assertion that there is no cure.

Then we wonder why he wrote his paper and what he practices medicine for. And why should he put his ignorance in the shape of an assertion to hinder and obstruct the efforts of others in search of cures?

Medicine is pre-eminently a science of experimentation and observation. While these methods of acquiring knowledge must be guided by logic, common sense, etc., tradition, assertion, au-

thority, medical conventions of any kind should never be let stand in the way of our breaking new ground.

No man, however high his position, should take it on himself that there is no cure for a disease merely because he knows of none. There is no evil without a remedy. It is our ignorance and passive acceptance of diseased conditions which is at fault.

Let us put the blame where it belongs. Medical pessimism and therapeutic nihilism are responsible for the ostrich-like attitude of too many ranking physicians in the professional army. But such a spirit cannot live and prosper in the modern atmosphere. Mere moralizing and philosophizing—fruitless discussion of any kind—belongs to a past age. This is an era of action and progress.

If the treatment of disease is to remain in the hands of educated physicians their knowledge must have a practical value which patients can appreciate. It is fast becoming impossible to take refuge in saying "there is no cure." Such a statement smacks of hypocrisy to even average intelligence. The impatience which it evokes is largely responsible for the thriving business done by many so-called quacks.

When a man puts himself in the hands of a doctor to be relieved of a disease he wants to believe that a cure is the goal, that he has started for it, and that his pains, discomforts and inconveniences are sacrifices which constantly bring so much nearer the coveted end. So, when the reputable physician tells him with cheerful unction or grave pity that there is no goal; that he can treat him, give him medicine, instructions, etc., but that nothing is to be expected or hoped from such treatment, the patient prefers to take his chances with the quack, who, at least, is brimful of confidence and magnetism, and administers hope—that best of tonics—in enormous doses.

Moreover, there is nearly always room for hope. Pathological principles are few. One or more are operative in all diseases by whatsoever name it be called. Begin with the most urgent indication and give a remedy which acts well in that particular condition, *no matter whether it has ever been used in that particular disease or not.* The close sympathy between the body's parts makes improvement in one part as communicable as disease.

With a rich *Materia Medica*, a wide experience in drug indications, there is no reasonable excuse which the physician can offer for shutting his eyes and ignoring the opportunity to throw new light on the treatment of obstinate diseases by experimental therapeutics.—*Dr. J. J. Lawrence.*

## THREE INTERESTING CASES.

By Dr. Villers, of Dresden.

Translated for the HOMŒOPATHIC RECORDER.

## Enuresis.

1. A boy of seven years was suddenly seized with nocturnal incontinence of urine. This incontinence was repeated five or six times a night. The mother expressed her astonishment at this, as her child had never before shown this feebleness of the bladder. One dose of *Psorinum* 30 produced a cure of this incontinence by the next day. (No. 8952.)

## Epilepsy.

2. An able architect, aged thirty-one years, is the first assistant of the celebrated architect Wallot, who has built our Reichstagsgebäude, an edifice which would have been splendid, but for too frequent a change of directors.

In his infancy he had been epileptic. In the twenty-sixth year of his life he had to undergo severe mental work in competing for the Architects' Travelling Prize, and during this time he suffered from opisthotonic convulsions which were very painful. During his two years of travelling, he had no attacks, though he worked every day eight hours.

Having returned to Dresden and resumed his work, he was again attacked by his disease and I was then called in. He was in bed and complained that he had been frightened by furious dreams. Every time he fell asleep, he would wake up with a start and with palpitations. In sitting up, he had a severe pain in the back part of the head. The skin in front was wrinkled, which gave him a fierce and fantastic appearance. Muscular contractions in the nape of the neck, alternating with the muscles of the back, caused a very painful headache. His face was always very red without fever.

*Calcarea carb.* 30 brought a complete cure. I saw him again a few days ago, and he told me that he had not had any more attacks, though he had to work very strenuously, because his chief was then having his vacation. He congratulated me on my success and thanked me for the cure I had effected. (No. 10,651.)

## Cough.

3. Mr. X. in a rainy bivouac during the manouvres in the year 1885, had been taken with a nervous cough, which seemed to start from a clearly localized spot, but this could not be determined even by a very careful examination. The cough had a peculiar sound, as if he wished to call some one, so that passers-by would turn back to him.

According to the advice of one of the best homœopaths in Germany, Dr. Ide in Stettin, Pomerania, with whom I had an opportunity of speaking during a consultation to which I was called in Stettin, I gave him *Medorrhinum* 1000, a single dose, and bade him watch its effect. Next day he did not cough any more and the remnant of an old gonorrhœa, a constant heat in the urethra and pain during micturition, which had already lasted for twelve years, all vanished as if by magic.

All this effect was produced in twenty-four hours and there was no need of repeating the dose. At present the emission of urine takes place with the greatest ease. (No. 10,212.)

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## GRIPPOUS BRONCHO-PNEUMONIA WITH MENINGITIC SYMPTOMS.

By Dr. P. Jousset.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, January, 1903.

René X., eleven years of age, was received into the hospital on the 7th of May. His appearance was decidedly typhous. He appeared stolid, gave no answer to questions, and was in an almost constant delirium. The tongue was coated white with red borders. The teeth were sooty. Temperature 104° F. Those who had attended the patient stated that he had been sick for four days. The illness had begun quite suddenly with a violent attack of fever after his returning from a walk. His temperature had not fallen since that time.

On his entrance into the hospital the patient received *Hyoscyamus* 6 and *Bryonia* 6. Next day as the symptoms continued the same medicines were continued. Some distention of the abdomen was observed; at the auscultation some rattling was heard; car-

phologia, Kernig's symptom. On the third day the symptoms in the lungs appeared more clearly. In both tips of the lungs there was a start toward broncho-pneumonia, the respiration having taken on a blowing character. *Phosphorus 6* was prescribed. The examination of the urine showed the presence of albumin and 3.04 chlorates. There was Martin Solon's cloudiness. These symptoms improved under *Phosphorus 6*. An examination of the expectoration showed the presence of influenza bacilli.

The patient left the hospital twelve days after his reception, being entirely restored. These observations of broncho-pneumonia gave a further proof of the severe character which is impressed on all cases by influenza.

Our patient at his reception showed a complex of the most severe symptoms, which caused a suspicion of inflammation of the brain, severe prostration, a mixture of delirium and somnolence, Kernig's symptom, and actual carphologia. If we add to this the fact that when he was received there were no lung symptoms at all, then the hesitating diagnosis and the corresponding treatment will be comprehended. The appearance of broncho-pneumonia, which seized on the two lobes of the lungs, as well as the constitution of the urine fully decided the diagnosis. *Phosphorus* in the 6th dilution caused a rapid defervescence. The convalescence was quite brief, as he was only twelve days in the hospital.

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### A MILK PACK.

A physician in the Transvaal region of South Africa, knowing that milk absorbs poisonous germs that are exposed to it, conceived the idea of applying milk externally to people afflicted with fever and skin diseases. The patient is wrapped in a sheet that has been saturated with milk, and then a hot blanket is put around the person and kept on for an hour. Then the clothing is removed and the patient is sponged with warm water, in a room, as hot as can be borne. A case of small-pox thus treated had most of the poison taken out of the skin and the patient was placed on the road to recovery within twenty-four hours. This remedy acts so quickly that successful operation in the case of fevers will recommend its use in cases of sudden attack. Milk is well adapted to repair the damaged system.—*Exchange*.

MOSAIC FROM MY PRACTICE.

Dr. H. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, December, 1902.

Graphite Cure.

A patient wrote me that I had cured her years ago from a dreadful case of psoriasis, which was very troublesome. It had healed then beautifully.

Now there was a new attack of great severity. The exanthem extends all over the body, but is worst on the hands and the arms up to the elbows. She can hardly stand the itching and burning on the hands and arms. What makes this worse is, that her business requires a clear skin, else her customers will be frightened away. The patient requests me to send her some medicine as quickly as possible "as her hands are actually turning blue from heat." This was July 27th.

On August 14th she wrote: Your medicine acted very well; since taking it I have improved from day to day; *it has healed off beautifully*, but still I do not yet feel quite well.

This was certainly a very satisfactory result. I am not intent on obtaining a very rapid cure in such cases, for I am one of those physicians who consider the theory that "cutaneous diseases are of a local character," the very acme of medical stupidity. The longer we practice the more clearly we recognize the truth for every visible *external* ailment there is a specific internal injury. Therefore I reject all salves which would quickly dry up exanthems.

Only in cases where intolerable itching is complained of I prescribe a few grains (not grammes) of flowers of sulphur to be rubbed with pure lard into an ointment with which worst parts, the parts which itch most, are gently rubbed in the evening with a quantity as large as half a bean, and this is washed off in the morning with lukewarm water.

But the chief remedy used is *Graphites* given internally; this remedy alone acts specifically on such eruptions of herpes or psoriasis. I give six drops of the 9 D. dilution on about one gramme of sugar of milk; a quantity as large as a pea to be taken morning and evening.

Even the mere softening and removal of crusts and scabs has sometimes serious consequences; such a case I noticed in a lady who had a disfiguring crust above her eyes after passing through a painful siege of erysipelas. When, on the advice of a specialist, the crust was softened with oil, had fallen off and disappeared, there followed a neuralgia that lasted for years and, indeed, up to the present time, and which led to the most dreadful paroxysms with a fiery redness of the face. The lady herself declares firmly that there was a causal connection between her neuralgia and the irrational advice which caused an interruption of the outbreak of the exanthem.

#### Silicea Case.

On the 9th of July Mr. G., from E., came to me. He has had several attacks of appendicitis. This was a year and a half back. At the present there is in the ileo-cæcal region a swelling as large as a fist and as hard as a stone, which gives the impression of being a newly-formed tumor. His doctors in consequence advised Mr. G. to at once proceed to H. to have an operation performed by Prof. von B. There seemed to be but little prospect of doing anything in this case with homœopathic remedies. But I pitied the man and determined to at least make an attempt, but I limited the trial to two weeks.

For so long a time he was allowed to entertain the hope of getting through without an operation. The patient presented himself to me after two weeks and to my astonishment there was hardly a trace to be felt of the tumor. Only when digging in deeply with the fingers where the tumor had been there was discovered a little tissue of somewhat harder consistency. But the disappearance of the tumor remained a fact. And there had been no crisis, nor unusual discharge, either through the intestines or the bladder, no copious discharge in any direction. The matter remained, therefore, in obscurity and we can only theorize. A re-absorption or dispersion in the usual way is, I think, excluded, owing to the cartilaginous or bony hardness of the great tumor.

And what was the cause of this clinic marvel? It was effected through *Silicea*, one of our most efficient remedies, which, we are sorry to say, is in the allopathic camp in spite of the copious and industrious labors of Schulz, the Professor of Materia Medica in Greifswalde, still a *terra incognita*, *i. e.*, all Greek to our learned colleagues.

Our patient had received four powders, of which each one contained four drops of the 12 D. dilution of *Silicca*. Twice a week in the evening the whole powder was taken at one dose.

And even with those who would really deny the *propter hoc* in this instance this case remains an interesting unicum, as the patient had only the one alternative, either a surgical operation or an experiment with Homœopathy.

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## INTERESTING CASES FROM ITALY.

From a report of the Polyclinic in Florence for 1901, we excerpt the following interesting cases:

### Pneumonia.

1. A woman, forty-six years of age, of very tender constitution, in consequence of a cold, was seized with a severe and prolonged chill, followed by heat and almost simultaneously with a very violent lancinating pain in the chest, which was aggravated by even the slightest inhalation. She took *Aconite*, but without benefit. An examination showed pleuro-pneumonia. *Bryonia* 3 removed the pains and moderated the fever, a gentle general perspiration ensuing. On the fourth day Dr. Baldelli changed to *Ipecacuanha* 3. The general course caused an expectoration of a favorable resolution. But on the morning of the fifth day he heard that during the night there had been much excitement and the state was worse. The temperature which in the evening had been 102.7° had rapidly diminished to 97.1°; the pulse was very small, having 110 beats; respiration, 40; a cold perspiration covered the whole body and the face had a hippocratic expression—and yet the patient, when questioned, professed to feel better. This contrast between the objective and the subjective symptoms did not promise well, especially as the pneumonic process was stationary. Fearing a collapse, the doctor gave *Carbo veg.* 3, following it up with *Phosphorus* 3, in repeated doses, also using oxygen every ten to fifteen minutes. To protect himself in case of a casualty, he caused a consultation with a celebrated professor of the Royal Clinic, who also declared the state to be ominous and advised the continued frequent use of oxygen. To meet the adynamic condition he recommended the injection of *Ether*, *Camphor*, *Caffein*, etc. In view of temp. 97°, pulse 120, and respir. 48, he could

give the husband only a very unfavorable prognosis. *Quid agendum?* The author did not give up hope. He did not make any injection, the professor himself not having much hope from such a remedy, but continued *Phosphor.* 3, a drop every half hour, until improvement should set in; he also continued the oxygen, keeping *Carbo veg.* in reserve in case of a collapse. Towards midnight he found the patient no worse, and next morning he found a slight improvement in all the symptoms. This improvement continued during the day, so that he could assure the family and the numerous friends on the third day after the consultation, it being the eighth day of the disease, that the patient was out of danger. With the help of *Phosphorus*, *Carbo veg.*, *Cactus grandifl.*, *China*, *Metall. alb.*, and without falling back on the injections which at this day enjoy so much favor, the improvement continued, she recovered completely and now enjoys good health.

#### A Severe Case of Catarrh of the Bladder.—Uva Ursi.

2. A man, sixty-four years of age, had for some time suffered from urinary troubles. He discharged a copious amount of fœtid urine, of a penetrating smell, and had chills, lasting almost an hour, followed by fever, which was considered as rheumatic and of little importance. It was only when these chills became more severe, and micturition was almost impossible, owing to the pains in the neck of the bladder, and burning and lancinations along the urethra, so that a few drops only were discharged, that Dr. Baldelli was sent for. He prescribed *Cantharis* 30, with hot compresses and half-baths. The pains then diminished and the urine was discharged more easily and in greater abundance; but it had a fœtid smell and contained a copious sediment of mucus and pus. It was easy to diagnose *Cystitis*, but since idiopathic inflammations of the bladder are rare, and there was in this case neither a traumatic nor a medicinal cause, a urinary calculus might be suspected. Since rinsing of the bladder for several days did not change the condition, Dr. B. consented to a consultation with one of the most able surgeons. But he could not discover any calculus, and was very reserved as to a prognosis. Dr. B., therefore, quietly continued his homœopathic treatment. After the examination with the catheter, he gave *Arnica* 30, which much reduced the urethral fever, and he made injections in the bladder with water mixed with alcohol and a two per cent. solution of *Borax*; but for several days the disease changed but little, until he used

*Uva ursi*, giving it in the 6, 12 and 24 dilutions, at intervals shorter or longer according to the urgency of the condition. After this the fever diminished and also the other symptoms gradually receded and the cure proceeded without interruption. There has been no relapse since that period, six years ago.

#### A Mixed Case.

3. The third case is a patient who was given up by the allopaths, a teacher, thirty-five years old, who was said to have been suffering from typhoid fever for the last fourteen days. He had first been seized with meningitis, which had gradually assumed a typhoid character, with headache, nausea, vomiting, stiffness of the neck and delirium. The physician who had treated him had used all possible remedies; he had also consulted with another eminent physician, who had agreed with him in declaring the case to be hopeless. In her distress, the wife of the patient at last consulted Dr. B., who came at once to see the patient, and found him very much emaciated, with staring, deep-set eyes, the pupils dilated and with some strabismus, with super-sensitive limbs tending to contract, and with occasional vomiting. He was in a very excited delirium, with continual hallucinations, and frequently attempted to escape from his bed. A bladder with ice was prescribed for his head, and internally *Aconite* 3 and *Belladonna* 3, in alternation. When Dr. B. called the next day he met the physician who had first treated the patient, who had already been told that Dr. B. had been called in. He appeared greatly astonished that Dr. B. had put aside the medicines which he had prescribed. Dr. B. requested him to defer any unnecessary discussion before a patient who was so severely sick, and that he should diligently observe the patient, who was one of his friends, and assist him with his good advice towards the restoration of the patient, as he could not visit him frequently owing to the distance. But the colleague refused this friendly offer, and gave him an open field. After receiving *Stramonium*, the patient began to quiet down, his conscious intervals were more prolonged, and in three to four days he had regained his full consciousness. During his convalescence, which now set in, a headache remained which was particularly aggravated from walking in the sun. This was cured with *Glonoina* 30. At the close he received *China*, which completed the cure.—*From l'Omioptia in Italia.* •

## CURES WITH CALCAREA PHOSPHORICA.

By Dr. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*.

## I.

Widow E., sixty-four years of age, who had born fourteen children, and had always been in good health, fell sick in the winter of 1900-1901 in consequence of a neglected cold. There was violent fever soon accompanied with severe fits of coughing, with vomiting, soreness in the throat and larynx, with dyspnoea. During the cough, which was accompanied with muscular pains, a quantity of thick, purulent and foetid expectoration was ejected. In vain had I tried *Hepar sulph.*, *Drosera*, *Iodum* and *Phosphorus*, when the patient one day told me that she had thirty years before suffered from hæmoptæ. While examining her I had noted a considerable cavity in the tip of the right lung. Despite the nourishing food the strength of the patient had decreased, and since cough and expectoration both became worse from day to day her condition became really threatening.

I then determined to try *Calcarea phosphorica*, and, indeed, according to the advice of Dr Richard Hughes, in rather small doses, *i. e.*, ten centigrammes of the 3 C. trituration, dissolved in 200 grammes of water, two doses a day, one tablespoonful to a dose. Even in the first week under this treatment the threatening symptoms began to improve, and in two weeks the expectoration was no more so thick and so purulent, and was no more foetid. This treatment was continued for three months, and her condition slowly improved, and in the beginning of spring she was on the way to a full restoration. With the end of summer the cure had progressed so well that she could undertake a journey to England, and from there she returned in good health. She had been well all that time, with the exception of seasickness.

## II.

Mrs. G., at present forty-two years of age, consulted me twelve years ago. She was then already married, and had born three children. She complained of a dry, intolerable cough, and she told me that two years before she had suffered from pleurisy on the right side. Auscultation showed that on the right side of the

back there was a spot a little larger than a dime where the pleura was grown fast to the lungs. Percussion showed a moderately dull sound in this spot. Respiration was somewhat short but not painful. There was no fever or very little. I first prescribed *Hyoscyamus* 3, when the cough quickly diminished. Later on she received *Calcareo phosphorica* 3, with *Arsenicum jodat.* 3, in trituration, in alternation. Since the patient soon after that felt well and believed herself cured, the treatment was discontinued. Fifteen months later I was suddenly called to her at night, as a fearful hæmorrhage had quite unexpectedly set in. The vomiting of blood was more violent than any that I had ever seen before. *Arnica*, *Ipecacuanha*, *Millefolium* and injections of *Ergotine* were quite in vain. Next day I consulted Dr. Piedvache, Sen., but only after two days we succeeded in entirely checking the hæmorrhages by means of *Phosphorus* 6. The hæmorrhage had been accompanied by violent fever. After a weeks' treatment everything was somewhat restored to order; then I examined her again, and auscultation showed a very large cavity in the lung exactly in the place where I had before discovered that the pleura had grown fast to the lungs. Since *Arsenicum* was now out of the question, and the suppurative symptoms were very pronounced, I prescribed *Silicea* 6, in alternation with *Calcareo phosphor.*, in the 3 trituration. After several weeks a pronounced improvement set in. I then discontinued *Silicea* and continued *Calcareo phosphorica* alone, a dose as large as a pea, taken twice a day, dry on the tongue. The cavity gradually healed up entirely, much better, indeed, than I had ever dared to hope, and three months later there was only a dull sound over the cicatrice. Dyspnœa and cough had entirely vanished. With returning health her appetite also returned, and the patient who had only weighed forty kilogrammes three months after her hæmorrhage a year later weighed sixty-five kilogrammes. At the same time her former strength returned, and for the last ten years the patient, who was restored so wonderfully, has again been able to take full charge of her household. The cicatrized spot in the lung, of course, retains its dull sound, but causes no pain at all, so that the patient does not really know where the cicatrice is. As soon as any symptoms manifest themselves I at once resort again to *Calcareo phosphor.*, and in two weeks such symptoms usually disappear. Good appetite, a well-rounded form and cheerfulness remain unchanged with her, so that her present state may be described as extremely satisfactory.

## STRABISMUS AND MEDICOTHERAPY.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
January 15th, 1903.

It is an established fact that central and peripheral nervous influences and causes are of moment in strabismus. "These causes, even though they be without any regular law are of great importance in the origin of squinting, and should always be considered in tracing the etiology of strabismus." This is the declaration of Ruete in his "Manual of Ophthalmology for Physicians and Students," II., p. 534, which work continues to retain its value. If he calls these nervous momenta "without any regular law," it must nevertheless be considered that physiological laws will finally decide in such cases as in all the others, though our knowledge in this domain is as yet insufficient to trace the causal connection in every single case. We know but little, *e. g.*, of the influence of the brain on the axes of vision. Central causes producing convulsive or paralytic squinting are, of course, of frequent occurrence. Psychological impressions occasionally cause squinting in indisposition; they may increase or also remove it (as it is with stammering). It is interesting to note what Prof. Boehm says of the squinting of idiots :

"Being accustomed to see these individuals, who were under my medical care, in their hours of leisure I had noticed that then they always looked straight; only in a few cases was there a fully developed stationary strabismus. I was therefore extremely surprised when I saw them for the first time while they were being instructed, and one after the other began to squint most violently.

"This evidently occurred in moments when the sensual impression not only proceeded to a certain limit, but began to become an internal contemplation, when insuperable obstacles interposed themselves to clear through. We can hardly, while viewing these phenomena, escape the thought, that these obstacles are found predominantly in the one hemisphere of the brain, and that the squinting then occurs as a symptom of the internal process, though this latter may be obscure to us; the one half of the brain, which is unequal to the effort, undergoing a more intense or otherwise different excitation which also exercises an abnormally increased excitation on the motory nerves of the corresponding eye."

Ruete, from his own experience, confirms the fact above related; as to the explanation given, subtle as it is, it does not seem to us convincing.

According to Romberg, diseases of the base of the brain are the especial causes of strabismus. But it is not yet definitely proved that with men *diseases* of certain parts of the brain will produce strabismus, just as *lesions* of particular parts of the brain with animals have this effect. In the vivisections of animals by Magendie, Budge, etc., lesions of the crus of the cerebellum, the pons varolii and on the processus restiformis of the medulla oblongata cause a squinting downward and upward of the eye on the side wounded, and a squinting backward and forward of the other eye, a phenomenon in keeping with the statics, altered by such lesions. Circulatory disturbances also influence the statics of the movements of the eye, as A. Kussmaul (Würzburg, 1855) demonstrated in his investigations as to the influx exerted by the circulation of the blood on the movements of the iris.

Ruete then continues: "In what precedes the immediate and independent influence of the brain on the excitation to squinting has been the subject of investigation. But this influence of the brain on such abnormal activities of the muscles in the eye is much varied if we briefly sum up in general all those cases where the brain only serves as the point of transition for a multitude of excitations of the most varied nature, which have their origin in sensitive nervous provinces of the other parts of the organism, often quite distant, and thence exert a reflex action on the muscles of the eye (reflex excitations)."

The squinting observed during *dentition* demonstrates the reflex action of the fifth pair of nerves on the motory nerves of the eyes. Irritations of the intestines, especially in helminthiasis, are said also to cause squinting. Still this point, according to the investigations of R. Wagner and Budge, is still quite doubtful. Though the fact that these authors have not been able to cause strabismus through the irritation of the intestinal nerves of animals, such lack of the reflex excitation in animals by no means compels us to discredit the clinical observations made on man, especially on sensitive children.

In every kind of squinting, of whatever origin, we always find an affection of the muscles moving the pupil of the eye, and ophthalmology has done much in determining the defective condition of the muscles of the eyes which cause such squinting.

Constitutional malformation, such as the abnormal insertion of the muscles of the eyes are, of course, beyond the bounds of internal medication and belong to the province of operative surgery. But where there are convulsions, paralysis, traumatic concussion or inflammation still existing of the muscles of the eyes we find a rich and considerable domain for medicotherapy.

In view of the above mentioned numerous nervous influences to which the eye is subjected, the eye itself being rich in nerves and subject to excitations, and in the most intimate relation with the whole organism, taking part in all the changes there occurring, all the points, of such great importance to the origin of strabismus, have also their great importance to Homœopathy. For Homœopathy always holds to the connection of the part ailing with the whole organism, and through its thorough provings on healthy persons it has gained a considerable, well differentiated treasury of remedies, with their subjective and objective symptoms, also for the leading indications specially seen in strabismus.

As early as the year 1865 Dr. Galavardin, then in Lyons, published in *L'art Medical* (January number) a very interesting and instructive article in his *causeries cliniques*, giving his own observations and those of others, showing the efficacy of homœopathic treatment even in chronic cases of strabismus in the most striking manner.

A girl of twelve years, of lymphatic constitution, otherwise healthy, somewhat heavy in weight, with light hair and white skin, showing freckles here and there, had had some convulsions in her second year. In her fourth year she wounded her hand by falling while she had a bottle in her hand. No one had observed whether she had any convulsions in this case; but since that time it had been found that there was a strong squint of the right eye inwards.

This ailment had existed for eight years before Dr. Galavardin treated her. The right eye squinted so strongly inwardly, that only one-half of the pupil was visible. The right internal muscle had been shortened by a clonic convulsion, and was only excited at times by very slight and rare clonic movements. These motions, however, indicated that the ailment consisted of an affection resembling chorea of the right muscle of the eye, rather than in an actual contraction. In July 1850 the patient received *Sulphur* 30. three times a day. There was no result in four weeks. Then she received *Hyoscyamus* 3, three times a day, for a week. This

effected a cure, for one month later she was completely cured of her strabismus. Sometime later she was threatened with a relapse, which was also cured by *Hyoscyamus* 3., so that now the patient is twenty-seven years old no one can tell which eye formerly squinted.

The local physician had to acknowledge the cure, but instead of doing justice to Homœopathy, he stated that the ailment, as often happens, had been healed in consequence of her impending evolutionary period. But how little reason there was in this statement may be seen from the fact, that menstruation with this girl only set in five years after this cure.

Of three cases of strabismus caused by invermination, two were cured with *Cina* and one with *Spigelia*. (See *Zeitschrift f. hom. Klinik* II., 5 and 6.)

A case with a girl who had menstrual disturbances was cured with *Cyclamen*.

A boy, ten years of age, who had squinted with his both eyes from his earliest childhood, was partially cured from it with *Alumina*. (*Allgem. hom. Z.* 41 p., 99.)

In the Spanish Journal, *El criterio medico*, No. 4, 1862, Dr. A. Garcia Lopez, communicates the following interesting case:

A man engaged in one of the government offices, of lymphatico-nervous temperament, and weakly constitution had a syphilitic infection when sixteen years old, and this had probably been treated with *Mercury*. Then he occasionally suffered from a slight rheumatism varying in its location, an ailment hereditary in his family. In the year 1860 he had nervous pains in his right arm, which, indeed, passed off themselves, but left behind a weakness in the joints, especially in the wrist, with formication and difficulty in moving the hands. Then a disturbance in his visual organs set in. Objects appeared as if surrounded by clouds, and soon afterwards he saw them *double* and *of larger size* than before. On closing the right eye, none of the symptoms appeared, but they reappeared as soon as he opened this eye. The patient also complained of a drawing, pressive pain in the whole of the right pupil, the eyebrow and the forehead. He had also observed that the right eye did not retain its normal position, but turned more and more toward the inner canthus. This convergent strabismus was, indeed, so pronounced that almost half of the cornea was hidden. In this state the patient presented himself to Dr. Lopez, in October, 1861. The doctor considered the ailment to be of a

rheumatic nature, but thought it possible that in a small part of the brain there was a small focus with paralysis of the sixth pair. He prescribed *Hyoscyamus* 30, one dose, because in its pathogenesis there is found the double vision, strabismus and frontal headache, as well as the symptom that objects appear larger than they are. In a week the patient returned, saying, that objects do not now seem to him surrounded by clouds as before.

A second dose of *Hyoscyamus*. In two weeks the double vision had disappeared, vision was normal and the squinting had much diminished, the pains in the pupil and the eyebrow had also ceased, and the pain in the joints of the right hand and of the right arm had diminished. But since traces of the ailment still continued for several days he received a dose of *Hyoscyamus* 200. After twenty days there still remained some strabismus, which disappeared more slowly. But in two weeks more also this symptom had completely disappeared, as well as the double vision. The rheumatic pain in the muscles of the right arm required another dose of *Bryonia*.

Dr. Tavignot has cured several cases of paralysis of the third and the sixth pair of nerves with *Phosphorus*. His treatment consisted of the internal and external application of this remedy. Externally he had them rub it in in liquid form around the eye.

The one case was that of a woman suffering from a complete paralysis of the nervus oculomotorius with ptosis, squinting in an outward direction, mydriasis, etc. *Phosphorus* effected a cure in twenty-five days.

The other case was even more interesting.

A rich landed proprietor came to Paris to be treated by a specialist for long-continued, frequent pollutions. While there he was seized with a paralysis of the nervus abduceus dexter. For this he consulted Dr. Tavignot, who cured him in 8-10 days by means of *Phosphorus*, and he was at the same time cured of his weakening pollutions. (*Moniteur des Hôpitaux*, 1858, p. 1022.)

It is well known that paralysis of the oculomotorius is one of the most frequent phenomena in syphilis of the brain. Strabismus due to this cause is most successfully treated with *Kali jodatum*, as the patients are usually saturated with *mercurial* preparations. Dr. Gallavardin also communicates several such cases. Very valuable is the comparative diagnosis of the remedies used in strabismus, which we find at the close of his clinical conversations:

*Alumina.* To judge from the pathogenesis of this remedy it is especially indicated with persons suffering from scrofula, hæmorrhoids, rheumatism, spermatorrhœa and convulsive affections, especially where there are the following symptoms:

Strabismus of both eyes, convulsions of the lids, closing and paralysis of the upper eyelid, scrofulosis, blepharitis, falling out of the eyelashes, inclination to styes, photophobia, amblyopia, jaundice.

*Cina, Spigelia, Cyclamen :*

In ailments caused by worms. *Cina* where convulsive symptoms predominate or can be established by anamnesis, as in epilepsy, eclampsia, whooping cough, asthma; also in masturbation of children. *Spigelia* where neuralgic symptoms predominate, traumatism, heart disease, venosity, nervous erethism (especially with women), (with intermittent character of the ailment.—Mossa).

*Kali jodatum, Aurum :*

If there are syphilitic periostoses which cause strabismus by their pressure on the nervus oculomotorius *Aurum* might be considered as well as *Kali jodatum*. (*Mercurius* in high potencies and *Syphilin* might also be considered.—M.)

As to the dose of *Kali jodat.*, the whole scale must be kept open. The author has obtained good results from this medicine in strong doses (5–10 centigrammes) in tertiary syphilitic sores, in cases where infinitesimal doses had no effect; and, *vice versa*, he had a similar case where the usual strong doses of 1, 2 or 3 grammes a dose were ineffectual, while 50 centigrammes dissolved in twenty spoonfuls of water and used in ten days effected a complete cure.

*Phosphorus:* The author, in his *Monograph on Phosphorus-paralyses*, has adduced more than fifty cases of muscular paralysis cured with *Phosphorus*. The two cases cited above from Dr. Tavignot show that this remedy can also cure paralysis of the motory muscles of the eye. In view of its pathogenesis, *Phosphorus* would seem to be especially indicated where strabismus occurs in persons with spermatorrhœa and priapism (nymphomania.—M.) after sexual excesses; also in those afflicted with piles, and in gouty, herpetic and syphilitic diathesis.

*Hyoscyamus, Belladonna, Stramonium, Tabacum :*

These four remedies would seem to be specially indicated where strabismus is a symptom of a cerebral affection, as in epi-

lepsy, eclampsia or chorea. *Stramonium* and *Belladonna* may also be used where the ailment has been caused by mental emotions, fear, terror, etc.

That homœopathic treatment in this province has its well defined limits the writer has found out by several unsuccessful efforts.

We have here considered chiefly such cases of strabismus as present a disturbance in the nerves supplying the muscles of the eyes, which in a dynamic excitation may yet produce an equalization.

The cases of strabismus caused by syphilis of the brain show that the domain of medicotherapy may be considerably extended. When the degeneration of the nerves has proceeded too far, we find, however, an insuperable barrier to a cure.

To endeavor to adjust an abnormal insertion of the eye-muscles through internal therapy would, of course, be silly.

The anatomical relations governing this matter are often so complicated that even the most experienced eye-specialist, who well understands the application of all diagnostic adjuvants, will nevertheless have trouble enough to establish beyond doubt the cause or origin of the ailment in any special case.

Those cases are most promising for internal treatment, which are as yet recent, and have not lasted for years, although even some of the latter may at times be curable by the specific remedies, as may appear from several of these cases mentioned above; in such cases the medicine must, however, correspond to the pathological state of the whole organism.

The fact that Homœopathy has extended its curative efforts also to the domain of ophthalmology by no means shows an ordinary "desire of spreading itself," as an official opponent of our curative method insinuates, who has never studied it thoroughly, but its innate practical tendency impels it to proceed to the very limits of medicotherapy; and when Homœopathy succeeds in curing a patient from strabismus, an ailment which not only disfigures, but often greatly impairs the visual powers, then this is just as great a triumph if not a greater one, that when this end is obtained by a surgical operation, a method which in any event will have to be applied to a great number of cases.

## BOOK NOTICES.

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**Uricacidæmia; Its Causes, Effects and Treatment.** By Perry Dickie, M. D. 148 pages. Cloth, \$1.00; postage, 7 cts.

Dr. Dickie has performed for the homœopathic medical profession a good work in giving them, in a compact form, the world's present knowledge of uric acid, its causes, effects and treatment. He covers all points of the disease from etiology and pathology down to diet, treatment, etc., etc., and covers them tersely clearly and well. There be those who are inclined to think uric acid a companion to "heart failure," or as our author puts it in his "conclusion:" "The uric acid diathesis is still by some considered a myth, as non-existing; but to all of this opinion we feel very much like saying, with Romeo, 'he jests at scars who never felt a wound.'"

A very interesting and useful book.

Chicago, Ill., January 29, 1903.

MESSRS. BOERICKE & TAFEL—

*Gentlemen* :—

I have received the handsome volume of Bartlett's "Clinical Medicine." You, as well as the author, are to be much congratulated. It is a work worthy of the highest praise. As a working manual in the field of clinical medicine I think that it excels anything heretofore produced by any author, either American or foreign. Its systematic arrangement, its grouping of facts, its clearness of statement, and its inductive methods of presentation make of it a work of great value, and of striking originality. You have done your part of the work well.

Very truly yours,

CH. GATCHELL, M. D.,

*Professor in Hahnemann Medical College, Chicago.*

PROF. JOHN URI LLOYD'S famous satires, the first of which, "The Mother of Sam Hill's Wife's Sister," was published in the September Criterion (1901), are resumed in the January number with the fourth paper of the series, "Sam Hill, Sheriff of Knowlton, Kaintuck," and purport to be related by "Chinnie Bill Smith," the famous story teller of "Stringtown on the Pike." These satires, written exclusively for the Criterion, will be illustrated by Martin Justice, whose character studies are second to

none in the Magazine Field. Prof. Lloyd's inimitable style and daring, yet kindly humor, will be a rare treat to Criterion readers. A deeper meaning will be read between the lines of these unusual papers by thoughtful minds. The next paper, "Why a Kentuckian Stands With His Back To The Stove, The Testing of Milinda," by Sam Hill, will appear in the March Criterion and the remaining stories during the year 1903.

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AMONG the books announced by Boericke & Tafel is *A Text-Book of Minor Surgery*, by Newman T. B. Nobles, M. D., Professor of Surgery, Cleveland Homœopathic Medical College.

For the first time in twenty years a book devoted to the details of minor surgical procedures, combined with homœopathic therapeutics will be offered to the profession. The writer has endeavored to bring out the latest accepted surgical rules and has presented the same in a plain, straightforward manner that will be readily appreciated both by the medical student and the general practitioner.

The first part of the book is devoted to the consideration of what is perhaps the most important subject in surgery—Asepsis and Antisepsis. Every minor detail is taken up and applied to certain conditions. Several chapters are devoted to what is termed Minor Surgical Miscellany and include a wide variety of subjects. A chapter includes the different forms of wounds and their treatment. Special Forms of Infections is the title of another chapter, which gives the details of the treatment of the more important infections. The main portion of the book, however, is devoted to Regional Minor Surgery, and this general subject is subdivided into different chapters, which include Surgical Affections of the Head and Neck, the Extremities, the Thorax, the Abdomen, the Urinary System and the Rectum. The subjects treated of in this part of the book are described in the most minute detail, thus differing from the majority of surgical works, which begin a subject, but often do not follow with sufficient details to elucidate the condition under consideration.

The second part of the work is devoted to Bandaging, and the more important bandages are described and illustrated. The work is illustrated throughout with modern cuts.

The writer has had several years of experience in teaching the subject and in addition has had an abundance of clinical material. He has endeavored to incorporate in this work the experiences of the teacher and clinician.

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## EDITORIAL BREVITIES.

“HOMŒOPATHIC”—“MEDICAL.”—It is to be feared that those who yearn for “recognition” or “union” with the allopaths will not find much comfort in the *The Medical Critic* for December. Therein the editor, referring to the vivisection tilt between Dr. Keen and Senator Dr. Gallinger, wonders “if the homœopathic brother would reply to his medical one.”

HOMŒOPATHY IN INDIA.—From a letter addressed to Boericke & Tafel, or rather to the “Hahnemann Publishing House” (which they bought out years ago, thus showing the far-reaching power of advertising), we extract the following that is of general interest: “From the daily growing contact with India you know more of our land than you did years ago. Nevertheless, it will be a delight to you to know from me, as possibly from many others, that Homœopathy is spreading itself by leaps and bounds among the cultured classes of Bengal.” The object of the letter was asking for permission to translate Johnson’s *Therapeutic Key* into the Bengali vernacular.

NOT A GOOD REASON.—“Now, it seems to me, I would not make a statement like that, nor would I make a statement like this: That a good reason for such and such a dose is, because it is cheaper. I think it is beneath the dignity of anyone to make a statement of that kind and it ought not to be considered in practice.”—*Dr. J. H. McClland, Pa. Trans.*

DEAFNESS AND THE GENERAL PRACTITIONER.—“Deafness in the subacute form, or in recent cases, may respond to rather crude method of treatment, but when we meet the more aggravated forms, some of which have been slowly progressive for ten or

twenty years, we have a different proposition before us, and but few specialists without an experience in general practice are equipped for the work, and not even then unless they be painstaking and persistent. Every little side issue must be studied to see what influence it may have on the ear condition."—*Sargent F. Snow, M. D., in Buffalo Medical Journal, January.*

THE GREATEST OF SPECIALTIES.—“In his recent memorial address on Dr. Dacosta, Dr. J. C. Wilson incidentally utters a thought which expresses in a striking manner the evolution which is taking place in the medical profession. In speaking of Dacosta's early training and educational pursuits, he indicates the lines which they followed and points out their ‘clear course toward his life work \* \* \* in a word, *internal medicine in the broadest sense, the greatest of the specialties.*’”—*Fort Wayne Med. Jour.*

And Homœopathy is its law.

PHARMACY STOCK.—“Within the past year or two various pharmaceutical companies have offered stock to physicians, to be paid for either in cash or by dividends earned, or, in some few instances, as a free gift. Of course, there was a string attached to the transaction; having acquired the stock, it was pointed out that the interest of the physician required that he prescribe the products of the house wherever he could. Human nature being what it is, such transactions constitute a menace to the true independence of the medical profession, and are as much to be condemned as the giving to public officials the privilege of granting public contracts to firms in which they have an interest.”—*North American Journal of Homœopathy, December.*

DEMONSTRATION OF TUBERCLE AND OTHER BONE LESIONS FROM X-RAY NEGATIVES.—Dr. Louis A. Weigel, of Rochester (N. Y. Med. Soc.), made some remarks on the use of the X-ray in the diagnosis of bone tuberculosis. He said that an X-ray plate, to be of any value for any purpose whatever, whether for fractures, renal calculi, or bone disease, should be an exceptionally good one, because any other kind of plate was worse than useless, being absolutely misleading. Also that it was not particularly difficult to make a good X-ray plate.

A GOOD OPENING.—Dr. F. G. Oehme, Roseburg, Oregon, (*Oehme's Therapeutics of Diphtheria*, an excellent homœopathic

work) writes: "There is a good opening for a true homœopathic physician in a lively place of about 2,600 inhabitants in Washington. There is another city of about same size four miles south of the former, on same railroad. If desired I will give particulars."

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### PERSONAL MENTION.

Dr. Edward G. Tuttle desires to announce that he has withdrawn from general practice and that after January 1st, 1903, he will devote his attention exclusively to surgery and gynæcology. 61 West 51st Street, New York. Hours: 11 to 1, Sunday excepted, and by appointment.

Dr. W. C. Williams has removed from Woodbury to Milford, N. J.

Dr. J. N. Lowe, of Milford, N. J., a practicing homœopathic physician, died on the 5th of January, in his seventy-eighth year.

They say that Dr. E. B. Nash (*Leaders*) is giving a splendid course of lectures on Homœopathic Materia Medica in the New York Homœopathic Medical College, and, what is a good feature, the students take great interest in them. Those who have read Dr. Nash's book know he has it in him.

Dr. Petrie Hoyle visited THE RECORDER'S office last month. Dr. Hoyle is an aggressive homœopath, as his *Vital Economics: "Passive Murder,"* demonstrates. In the future he will make his home in London, England.

Dr. Hugh Patton, of 992 Sherbrooke street, Montreal, Ontario, Canada, writes:

"I am looking for a man to work with me here. Should you come across a good man desiring to locate in Montreal kindly ask him to write. The House Physician post on the Montreal Homœopathic will soon be vacant and we would be glad to receive applicants."

## PERSONAL.

Culture, it is said, flees from those who pursue it lustily.

Boston has a Bleak Street, but New York has a Bleeker.

*Archives of Pediatrics* thinks that "we have learned to attach undue importance to this particular phase of the matter," *i. e.*, "bacteria in milk."

"Antipertusses serum" seems to be the latest.

After studying ninety-five cases of tetanus from vaccination *The Lancet* reaches the conclusion "the complication is not a common one."

Few persons recognize the obvious fact that there is no necessity for an apology for leaving.

The difference between Willie Smith and Bill Smith is — considerable.

Small-pox is again epidemic in Liverpool, and all they can do is to "re-vaccinate."—*vide Medical Record, January 17.*

Mark Twain says that we are all more or less insane, and that "accounts for many things."

"Save your money and buy a farm," says Gatchell—and without quotation marks! Sound advice, though let wild cat stocks alone.

"Diphtheria may be rightly classed in the list of conquered diseases," says Dr. Rowell in the *Pacific Medical Journal*.

Dr. J. W. Ross says that bed-bugs or fleas cannot transmit yellow fever; only the 'skeeter can do it. Heigho!

Dr. Lyon thinks of watercress as a cause of cancer; Germans eat it and Germans suffer more from cancer than others. Germans are also well protected from small-pox.

If you have a set of Goodno's Practice to trade address Boericke & Tafel, P. O. Box 921, Philadelphia, Pa.

Rheumatism in the present state of existence is more painful than atheism though perhaps not so dangerous.

A young man was sent to the asylum of the lunies for whistling. Fact, so beware!

Money will cover, or at least shield, more sins than charity.

*Medical Age* asks, "Is man a feeble animal?" Some are.

# THE HOMŒOPATHIC RECORDER.

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VOL. XVIII.

LANCASTER, PA., MARCH, 1903

No. 3

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## PROVINGS OF PICRIC ACID—SOME HITHERTO UNPUBLISHED DAY-BOOKS.

To the late Professor T. F. Allen belongs the honor of calling the attention of homœopathic physicians to this remedy. Braconnot was the first to employ this agent as a febrifuge, and in the form of the *Potassic picrate*. Subsequently, Dr. Bell, of Manchester, England, became an advocate of its virtues. Dr. Aspland, in 1862; Ers, of Heidelberg, in 1865, and Parisel, in 1868, have enlarged our knowledge of this phenol derivative.

In 1873 Professor Allen designated *Picric acid* as the substance for the best proving of which a gold medal would be awarded. In 1874 the medal was given to L. B. Couch, an undergraduate, who had the hearty coöperation of his classmates.

The day books of these provings were published in the *New York Journal of Homœopathy*, Vol. II., p. 145, 1874.\*

### I.

P. O. Reilly, male, æt. 35. Bilio-lymphatic temperament. Nurse in N. Y. Ophthalmic Hospital.

1874. March 28th, 2 P. M. One dose of *Picric acid* 30th. In twenty minutes experienced a sharp pain in right temple. running

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\* "Dr. Allen is able to give us a pathogenesis of *Picric acid* containing 469 symptoms, obtained by eighteen provers. Three of the observations laid under contribution are from an old school source (Parisel), seven are from the provings instituted by Dr. L. B. Couch, in 1874, and five from some very thorough experiments made at the Michigan University by Professor S. A. Jones." (Hughes' Manual of Pharmacodynamics, p. 136. Fourth edition. 1880.)

Parisel three, Couch seven, and Jones five, affords a total of fifteen; but Hughes says, "obtained by eighteen provers." The three day books here published explain the discrepancy. The symptomatology is to be found in Allen's Encyclopædia, but it has not been published in day-book form before.

to back of head. Soon after it appeared in left temple, extending to sub-occipital region. (These pains lasted but a short time.)

March 29th. One dose of the 30th. In fifteen minutes experienced the same pains as yesterday, but more severe in the left temple. (Lasted about an hour.) Also sharp pain in both sides of chest, worst in left. (Had been subject to such pains for several months.)

March 30th. One dose of the 30th. In five minutes had pain in left temple, sharp and neuralgic in character, disappearing in left and going to right temple. It alternated between the two temples, and was more severe than on the two preceding days. Also had pain in back of head and neck. Head feels dull and heavy. Languid, no desire to talk or do anything; indifferent to everything around me; sleepy and want to lie down.

I awoke in the night with violent erections, which cold water relieved. Returned to bed and before an hour had elapsed was again awakened by violent erections. Applied cold water and slept the remainder of the night. (I will here remark that I had been suffering for several months with loss of sexual vigor and entire absence of venereal desire, not having had an erection for several months; but now it is the reverse, altogether too much of a good thing.)

April 3d. Have taken no medicine since last date, but symptoms have continued, especially the pains in the head, which have been changeable, alternating between the right and left temple, sometimes occurring in centre of forehead. *All pains worse on left side.* Legs feel tired and sore as after a long journey.

For some time past had been quite constipated, but now have a passage every day. Took one dose of the 30th. In twenty minutes the pains in the temples increased and also the pain in the forehead; all these pains extended to the back of the neck. Head feels hot; a pain commencing in the right side of chest extending across to the left.

Four hours after taking the dose all pains are very severe, especially a pain in the right temple which extends over the eyebrow to the inner angle of right eye. Throbbing over the right eye. Pain behind the right ear running down right side of neck. Right shoulder feels sore and tired. Pain under right shoulder-blade as if a sharp instrument were thrust in.

April 4th. One dose of the 30th. Felt well before taking, but in a short time pain came in forehead, an exact repetition of pre-

vious symptoms. Twitching of flesh between knee and ankle of right leg. Shoulders feel very tired and sore, as after violent exercise.

## II.

John S. Linsley, M. D., æt. 36. November 24, 1874. I took one dose of the 30th trit., prepared by H. M. Smith. For two weeks following, marked increase of sexual desire. Took a second dose of the same. Most remarkable and intense sexual excitement, which is not allowed to be gratified by any indulgence.

Amorous excitement impelling the mind to dwell and revel in imaginary sexual pleasure. Almost constant priapism night and day for seven days, impelling to amorous ecstasies and mental analysis of the physiological and psychological aspect of venery.

## III.

X. Y. Woman, æt. 26, unmarried.

1874. June 24th. First day. Took a few pellets of the 30th on the tongue. No symptoms during the day except a slight vacant and sore feeling in hypogastric region.

25th. Second day. Occasionally, all day long, in hypogastrium, a sensation of giving way.

26th. Third day. No medicine and no symptoms.

27th. Fourth day. At noon took medicine. An occasional aching pain in left ovarian region about 4 P. M.

28th. Fifth day. Took medicine at noon-time. Excessive languor throughout the day. (The weather, however, may account for that.)

30th. Seventh day. Took medicine at 10 A. M. Excessive languor with a weak feeling in sacral and lumbar regions. Aching in the dorsal region. Eyes feel dry, as if full of sand. Took medicine again at 12 noon.

July 1st. Eighth day. Awoke at 5 A. M., with a death-like, faint, nauseated feeling in stomach and abdomen, aggravated on rising and moving around. Went back to bed, fell asleep, and on waking a second time experienced the same sensation as on first waking. No appetite for breakfast, could not eat anything.

At night (11 o'clock) an aching, sharp pain in right iliac region above the ovary; sore on pressure. Very languid; feel better when out of doors. Nausea on retiring. Very hungry in the evening; obliged to eat.

July 2d. Ninth day. Awoke this morning with the nauseated feeling, but it was not so bad as yesterday morning. 11:30 A. M., took medicine.

July 3d. Tenth day. Took medicine in morning. Excessive languor. In the evening twinges of pain in the left ovarian region. A slight pain at apex of heart. After retiring, nausea with headache, throbbing on top of head; aggravated by turning to lie on back. Full feeling on top of head. Eyes have felt throughout the proving as if dry, and inner surface of lids feel rough.

July 4th. Eleventh day. No medicine. Nauseated, *faint* feeling at epigastrium most of the time.

July 5th. Twelfth day. No medicine. Nausea and faintness at epigastrium occasionally throughout the day. Excessive and voluptuous pruritus vulvæ at night, after retiring, lasting about half an hour, making me feel irritable and exasperated. (Usually slight pruritus after menses, never before.)

July 6th. Thirteenth day. Appearance of menses, which have been delayed a week. (Normal menstruation very regular.) During the period profuse yellowish-brown leucorrhœa. All the morning have felt a faint feeling at the epigastrium. Appetite good. Menses painful, the first time in several months. A sore pain in abdominal region. (Normal menstruation profuse and protracted, of a good color, no change in character, quality or otherwise.)

July 29th. Thirty-sixth day. Have taken no medicine for two weeks. Languor most of the time. Took medicine this day without any symptoms.

July 30th. Thirty-seventh day. No symptoms.

July 31st. Thirty-eighth day. No medicine and no symptoms.

August 1. Thirty-ninth day. Headache slight: in the morning, probably in consequence of over-sleeping. Margins of lids very red on waking. Slight twinge of pain on top of head at night (Nine o'clock). Also a sharp pain shooting around the anus at the same time.

### Second Proving.

Thinking that the excessive languor was in consequence of hard work and very warm weather, concluded to try the medicine in cooler weather.

Recommended proving on October 20th, 1874. Took one dose of medicine in the morning. No symptoms noticeable. October 21st. Second day. Took medicine at 10 A. M. All day long, at intervals of ten minutes, a peculiar fluttering sensation at the base of the heart; it seemed to move. It startles me for a moment, but do not think of it again until the symptom recurs. Took medicine at 6:30 P. M. Fluttering sensation at base of heart continued all evening at shorter intervals than during the day. It became very annoying. At 11 P. M. another dose of medicine

October 22d. Third day. No medicine until noontime. A slight fluttering of the heart in the evening.

October 23d. Fourth day. Took medicine at 9 A. M. Fluttering at the heart. The excessive languor began to return and unfitted me for my daily work, so I discontinued the medicine. Did not know what I was proving until I had finished.

P. S.—While enjoying the society of gentlemen, at the same time, the idea [thought] of marriage seemed unendurable.

For these provings I am indebted to the late Professor T. F. Allen, who gave me the provers' MSS. some twenty-eight years ago. They have never before been published *in extenso*, but the dissociated symptoms appeared in "The Encyclopædia of Pure Materia Medica (Vol. VII. p. 519 et seq.). under numbers 11, 12, 12a and 13. As the order of symptom evolution cannot be preserved in a *resumé*, and as any proving is best apprehended by means of the provers' day-books, I have felt it a duty that I should publish them before I am ushered into the solemn silence that awaits us all.

But there are other and valid reasons for publishing, as I believe my reader will allow after he shall have read them.

1. My departed fellow-worker and correspondent, the late Dr. Richard Hughes, refused to incorporate the provings of the nurse Reilly, and that of Dr. Linsley in the English Cyclopædia, because they were made with the thirtieth potency. I accept them unhesitatingly, and I declare this not as a blind partisan. I have this advantage, at least, over my dead friend: I have proved Picric acid myself in doses at which he would not demur and in quantities that are capable of ready physical demonstration. Having *felt* the effects of Picric acid myself, I can detect the family relationship—if I may so express it—when the "birthmark" is seen on the person of another. Even if I had nothing else as corroborative, I could pronounce Reilly's provings genuine and

ascribe its symptoms to the drug from this symptom alone: "*Legs feel tired and sore as after a long journey.*"

2. I am not acquainted with Dr. Linsley, and I am free to acknowledge that his symptoms are indeed dramatic; but I believe him to be a singularly impressionable subject, and the sexual erethyism recorded by him does not astonish one who knows that Picric acid selects the medulla oblongata as one of its favorite *loci* for playing its pranks.

3. As the woman prover is long since dead, I can remove whatever of disadvantage there is in the anonymous proving by revealing her identity, which when made known will remove any shadow of doubt from the minds of any who knew her in her brief and useful life. Her maiden name was Mary Scott, and a brighter and brainier woman never earned a medical diploma.

*I consider her proving to be the most significant of any, because it is the only one that furnishes the one physiological fact which stamps with the seal of verity the sexual erethyism that was so frequently experienced by the male provers. I wish all who potter and putter with our "provings" to make note of this declaration.*

The significant fact which appears in a *post scriptum* (as if it were an after thought) is given the first place in Professor Allen's compendium of the four hundred and seventy recorded symptoms, *sub voce* Picric acid, and I have often asked myself how many students have been able to "read between the lines." *Why should "the idea of marriage seem unendurable?"*

The statement does not appear in the prover's manuscript record, and the wording of it as given in the Encyclopædia is Professor Allen's; the bracketed interpolation, "thought," is my own. It will give greater clearness to the prover's meaning to read: "The *contemplation of marriage* seemed unendurable." But, why? Well the plain truth is that the prover's complete meaning, stripped of every fig leaf, is: "The thought of marriage with its consequent consummation seemed unendurable."

Now compare this statement with the symptom group numbered 283 in the Encyclopædia: "Amorous excitement, impelling the mind to dwell on and revel in imaginary sexual pleasures." "\* \* \* \* impelling to amorous ecstasies and mental analysis of the physiological and psychological aspect of venery." Here is the same drug, taken in the same potency, by a man and by a woman, and producing symptoms which are exact physiological opposites: as completely so as are the sexes in which they were produced by the drug.

They are the obverse and the reverse of the medal. They cover with confusion the cavilers at provings made with "attenuations above the 12th decimal!" They enable me to declare again that "the best provings for revealing the *genius* of Picric acid, when applied in disease under the law of similars, were made with the Thirtieth potency there-of." The declaration may be contradicted; IT CANNOT BE CONFUTED.

S. A. J.

*June 21st, 1902.*

The provings made at the University of Michigan will appear in the next RECORDER.

### Parisel's Provings of Picric Acid.

On the 26th of December, 1867, at 8 o'clock A. M., I took three pills of *Picric acid*, each containing 0.10 grammes of the crude substance, and half an hour afterwards two more of the same quantity. (Total quantity ingested, seven and seven-tenth grains, or the equivalent of seventy-seven grains of the 1x trituration. S. A. J.)

The following are the symptoms observed: At the moment of taking the pulsations at the radial artery were 71 per minute.

Half an hour after the second dose (9 A. M.), hummings and whistlings in the ears, not very pronounced; "bluettes" (sparks or flashes) before the eyes, objects appear as if swimming around; heaviness of the head, alternating with a sensation of emptiness.

9:15 A. M. A not very copious stool, oily and yellowish; the cerebral symptoms ameliorate.

9:30 A. M. Pulse, 58 (decrease of 13).

10 A. M. A second stool; pulse, 55.

10:30 A. M. Pulse, 52.

10:45 A. M. Third stool; urine red.

11 A. M. Pulsations, 48, small and weak; the impulse raising the finger with difficulty; great general weakness, obliging me to take to the bed; it seemed as if limbs had difficulty to move; no sense of anxiety; profound (mental) calmness.

In the evening, no appetite. At 6 o'clock, 60 radial pulsations; still weak.

At 10 P. M. Radial pulsations, 65 and stronger; sweating.

The night's sleep was good enough.

The next morning, bright (yellow) coloration of the sclerotica

and of the integuments; urine colored (red); radial pulsations, 75 and strong enough; still some weakness; the appetite returned, but after a short walk rest was still necessary.

During the evening, and especially the next day, I observed nothing of importance except the coloration, which persisted in the urine for six days and for eight on the skin.

These experiments were repeated by me on a man who had a felon and a woman with an abscess in the breast.\* The man took 0.50 and the woman 0.40 grammes.

Both of them presented symptoms similar to my own with very slight modifications. The man observed but little perspiration; the minimum rate of his pulse was 52—the point of departure having been 75. The coloration of the integuments lasted only seven days.

The woman, on the contrary, had quite profuse perspiration and four stools, at the fourth of which she found herself weak, "se trouva faible," so that they were obliged to put her to bed.

From 70 her pulsations fell to 50, and she was also generally very weak.

In the subsequent reaction the pulse rose to 80. The integumental coloration lasted nine days

These are the "three observations" mentioned by Dr. Hughes as derived from Parisel's Thesis, and from them Dr. Allen obtains symptoms 19, 104, 150, 151, 155, 236, 239, 302, 303, 304, 405, 409, 430, 431 and 465.

Dr. Allen omitted to make any mention of Parisel's personal observation regarding the effect of *Picric acid* upon his appetite. Doubtless this was because it appears in only one prover; but it is corroborated as an effect of *Picric acid* by provers 4, 6, 9, 12, 14, and 16 in the *Encyclopædia*.

Attention is called to this because, for one thing, it has an important bearing on the dose question, which an enterprising contemporary is now exploiting, and for a far weightier consideration, namely, the impropriety of autocratic excisions from any prover's record. The recorded statements must be published for the judgment of others than the compiler. Science recognizes no *obiter dicta*.

In determining the "physiological action" of a remedy, if you will, in making the "proving," the records of the various experi-

\* Parish adds: "Both were in full process of cicatrization"—meaning that the asthenic stage was passed.

ments with *Picric acid* show conclusively the respective influence of two factors, the dose and the prover.

While the dose is a permanent matter as regards *quantity*, the condition of the prover as regards his physiological or pathological *quality* is subject to constant fluctuations. These facts add greatly to the complexity of the dose question.

Parisel finds his appetite "knocked out" after taking the equivalent of 77 grains of the 1x trituration, while the prover, J. Lance, Jr., records "no appetite" after taking only of the 30th dilution of the same drug. It is not conformable to science to exclude such testimony from any other consideration than the mental capacity and the truthfulness of the prover. Moreover, this very result is corroborated by two other provers of the same drug in the same degree of dilution; and their testimony is still further corroborated by the testimony of four other provers who noted the same result as following the inception of demonstrable quantities of the drug, Parisel's doses being of the crude acid.

The irrefragible conclusion is, first, that the dynamic *quality* of the drug is not annulled by the *quantity* of the dose; and, secondly, the demonstration of the dynamic quality in even the smallest doses is dependent upon the physiological or the pathological condition of the prover.

Of most profound significance to the homœopathic therapist is the rule enunciated by Professor Adolph Gubler, of the Faculty of Medicine, Paris.

"The effects of remedial agents are more intense when the economy is already turned in the direction towards which the medicaments tend to impel it; the effects, on the contrary, are less intense, or what amounts to the same, tolerance is greatest, when the economy is turned in the direction opposite to that towards which the remedial agent has a tendency to impel it."—*The Principles and Methods of Therapeutics*, p. 408. American edition.

In the original text the Professor has resorted to italics in the expression of this rule, and who of his school will have the hardihood to call him in question?

And what stronger declaration of the homœopathic principle can be made than the illustration which follows in Professor Gubler's next paragraph:

"Thus, if you have a subject in a state of ischæmia, and if you introduce substances capable of inducing hyperæmia, he will resist the action of the medicaments. If, on the contrary, he was

already in a condition resembling that which the remedial agent would place him, then the action of the medicament is intense, and toxic effects are induced with extreme facility." Loc. Cit.

Can there be a clearer or more emphatic expression of the fact of the "homœopathic aggravation" from an improper dose; and also of the other fact of the differing sensibility found in the prover and in the patient?

Professor Gubler next proceeds to consider the origins of "these deviations, these organic predispositions."

"A subject may be in a state of ischæmia or of anæmia; or of a condition favorable to phlogosis, and to hyperæmia, through natural predisposition, as in subjects who have an inherited congestive tendency; or the individual may have acquired these deviations from the natural state in virtue of entirely artificial conditions, and it may be that remedial agents, poisonous substances, or the conditions under which he has lived, have induced them."

These dicta of an unquestioned authority in the science and art of therapeutics should convince any candid student that the "personal equation" of each prover is a factor which may not be determined *à priori*, but must be made known almost entirely by the consonance between the results observed by him and by others.

With this Hahnemann-Gubler lamp to guide him, the student will safely find his way through the intricate mazes of provers' day-books.

I fully believe that Professor Gubler reached his "rule" as the result of independent reasonings from his own experience; but this very rule had been laid down before he was born. Let me cite from a volume concerning which there are traditions still lingering in the homœopathic school:

"In the employment of this most appropriate homœopathic remedy it is only the symptoms of the medicine that correspond to the symptoms of the disease that are called into play, the former occupying the place of the latter in the organism, and thereby annihilating them by overpowering them; but the other symptoms of the homœopathic medicine, which are often numerous, being in no way applicable to the case of disease in question, are not called into play at all. The patient, growing hourly better, feels almost nothing of them at all, because the excessively minute dose requisite for homœopathic use is much too

weak to produce the other symptoms of the medicine that are not homœopathic to the case in those parts of the body that are free from disease, and consequently can allow only the homœopathic symptoms to act on the parts of the organism that are already most irritated and excited by the similar symptoms of the disease."

What is this but a recognition of "the economy being *already turned in the direction towards which the medicaments tend to impel it?*" The truth of this is one to Hahnemann and to Professor Gubler. These traditions of Homœopathy are worth treasuring, lest the practice of homœopathic medicine shall become a lost art.

S. A. J.

February 25, 1903.

#### A NOTE ON CRATÆGUS OXYACANTHA.

Editor of the RECORDER:

As the "Homœopathic" employment of this agent rests upon a purely empirical basis, it is desirable to guard against its misapplication, lest it shall fall into unmerited disrepute. Hence this note.

To adopt the valid distinction of Grauvogl, *Cratægus* is a "function" remedy of significant value. To administer it as a "nutrition" remedy is an error into which the competent pathologist will not fall.

Begging the RECORDER's pardon, it is not "a good point to remember *Cratægus* when iron does not act." Even the so-called pathological prescriber who could administer *Ferrum* when *Cratægus* is demanded or *Cratægus* when *Ferrum* is needed would thereby prove himself to be neither a pathologist nor a homœopath; he would not be steering by either chart.

A pathologist would discriminate between anæmia and spanæmia; and physiological chemistry has taught him that although *Ferrum* is "indicated" in certain cases of spanæmia, *Cratægus* cannot be, and this is because spanæmia is a *qualitative* condition of the blood, while anæmia is purely *quantitative*.

The functional consequences of the widely different pathological conditions may so closely resemble each other as to deceive the mere symptomatologist. By "mere symptomatologist" I

mean the practitioner who is neither a homœopath nor a pathologist—because a man or a tissue can as truly be starved by an insufficient quantity of blood as by deteriorated quality of the blood.

In cases demanding *Ferrum* the quality of the blood is at fault; with the cases needing *Cratægus* the quantity of blood is deficient.

Not necessarily that there is too little blood in the *whole* organism, but that there is pathological deficiency in a given territory or territories thereof, and *this minus* either a constant or a fluctuating condition.

Dr. Cooper says that the forms of anæmia which are benefited by *Cratægus* “are attended by a widespread bloodlessness that effects the whole body, but inasmuch as the prominent symptoms and the obvious physical signs and cardiac, I naturally was led to this remedy, which had already established a reputation in heart cases.”

Allow me to ask why, when “the prominent symptoms and the obvious physical signs and cardiac,” is any one “naturally” led to a remedy “which had already established a reputation in heart cases?” This is “the rift within the lute” that soon will make its music, if not mute, a jarring discord; it is not Homœopathy, but the prank of an empirical libertine, and it is a perilous prank for the reputation of our literature. The end does not justify any means when *the legitimate means*, the homœopathic, have been distinctly designed; and it is an elastic professional *morale* that justifies the “success” obtained through a practice that violates or ignores principles.

Moreover, it does not by any means follow that “a widespread bloodlessness affecting the whole body” is dependent upon the heart. Says a well-known authority, “the organism lives because it has the power of circulating its nutritious juices. There are many facts which strengthen the hypothesis that the circulation of the blood within the capillaries is not entirely due to the action of the heart. The circulation of the blood may continue in the capillaries after the heart has ceased to act; or it may cease in parts, the heart acting vigorously the while. The flow of the blood in the capillaries is not regular, which it would be if entirely dependent on the action of the heart.”—*Physiology of the Circulation*, by J. Bell Pettigrew, M. D., F. R. S., F. R. S. E., F. R. C. P. E.

It is evident that “widespread bloodlessness” does not “nat-

urally" designate any remedy merely because it has "already established a reputation in heart cases;" and in this very instance, that the heart is the *fons et origo* of the conditions in which *Cratægus* has proven useful is an unfounded assumption as far as concerns our present knowledge of this empirical agent.

While it is not to be doubted that every empirical fact pertaining to a drug can find its corroboration in an adequate proving of that drug, it is equally beyond doubt that Homœopathy coquetting with bald empiricism is not a particularly exhilarating spectacle. It is also just as far beyond doubt that any remedy which has "established a reputation" empirically in *any cases* has from that very fact a claim which no homœopathic physician can ignore, unless he be merely a hireling. The harsh truth is that *Homœopathy* is "more professed than labored."

*Ann Arbor, Feb. 23d.*

S. A. J.

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## THE RELATION BETWEEN HAHNEMANN AND SCHÜSSLER.

By Eric Vondergoltz, M. D.

Under this heading I will give the results of my comparative study of Homœopathy and Biochemistry, and also give the results of my experiments with additional cell-salts and elements found in chemical analyses of the human organisms.

I must own the causing motive for my examinations and experiments to the publication by Drs. Boericke & Dewey in their certainly fragmentary communication, page 28-33, under the heading, "*Relation of the Biochemic to the Homœopathic Treatment*," in the IV. Ed., 1899, of their joint publication, "*The Twelve Tissue Remedies*."

I began to use the tissue salts strictly according to Schüssler's own last original publication (25th Ed.) and to substitute then during the time of treatment such equivalent homœopathic remedies from a chemical analysis as presented in the book of Drs. B. & D.; so I substituted *Pulsatilla* for *Kali sulph.* or *Kali phos.* or *Calc. phos.*—*Phytolacca* for any of the contained eight salts—and so on.

With very few exceptions I was successful. In my failures I invariably could find that hidden complications or—what even sometimes till to-day will happen—a faulty selection of a tissue-salt was at the bottom of my failures.

*Those experiments therefore proved that the tissue-salts were the fundamental cause of cures effected by remedies containing those salts.*

It was now for me to ask how the other remedies used in Homœopathy could be reconciled to Schüssler's tissue-salts without any existing chemical analysis?

Especially I was interested in this question, as I could not observe those predicted "*dire results of failures by following Schüsslerism.*"

This question now was solved by accident; I had a case of purulent, septic gonitis, resulting from an abortus, where I was called in after two allopathic professors had declared unanimously that an amputation was the only thing to be done.

The case going on beautifully under *Silica*, according to Schüssler; and *Magnesia phos.* for the pains instead of *Morphium sulphuricum* in allopathic doses, developed suddenly in the ileo-coecal region (same side as the gonitis was), a peculiar pain baffling all treatment.

I had decided to return to Homœopathy for the benefit of the patient. The selection was made with the aid of v. Bœnninghausen's "Therapeutic Pocket-Book;" the remedy was *Sepia*.

Studying now in T. F. Allen's "Hand-book" *Sepia* I found that one of the nearest and greatest allies to *Sepia* was *Natrum muriaticum*.

I immediately gave *Natr. mur.*, with immediate and lasting effect, a perfect cure.

This replacing of *Sepia* by *Natr. mur.* solved the question!

If we go back to the law of chemical affinities we must be definitely right to assume that *Natr. mur.* must be contained in the chemical composition of the juice of the cuttle-fish (from the seawater).

It follows, therefore, that for organic remedies of the homœopathic physician—if the necessity arrises—the cell-salt contained in the enumeration of the allies will be the necessary remedy, as it was proved in this case.

I have worked on this method in the study of those two points:

1. To find out the necessary tissue-salt in very complicated cases.
  2. To find out the necessary homœopathic remedy and to see if now the tissue-salt, dispensed a priori, will be found under the allies.
- And those two points were gained in every case!

Those developed facts proved further that the biochemic system was fully able to exist by itself.

This affirmation from all those observations proved further in my opinion that the biochemical theory of Schüssler was the still unknown underlying basis of Homœopathy.

If now, perhaps, a homœopathic physician should ask why I worked this way, I must answer: For the sake of getting familiar with a system which in itself will, even to-day, after years of experience, puzzle, but nothing to be compared to a system of treatment that, even under the most ensuring moments, not absolutely sure, which with all work will often result in failures, and with a *Materia Medica* of at least 388 drugs, some of which, for instance, *Sepia*, has not less than 1,258 symptoms.

It is, therefore, well to gain a knowledge of a system that presents in twelve remedies an abridged therapy.

Having seen from the foregoing that biochemistry *de facto* has not left me in the lurch once, I will here show that by the biochemic symptomatology one may select the remedy by certain landmarks which absolutely do not resemble the homœopathic method in the least.

Schüssler's therapy is based on the facial diagnosis, to recognize the cardinal remedy in the face—representing the individuality of the patient. If we consider Biochemistry from this point, we must come to the conclusion that Biochemistry and Homœopathy, at least from the point of application, never can be compared, or that Biochemistry should be judged from the point of Homœopathy.

If we make a resume we will see:

1. That, contrary to general opinion, Schüssler's therapy can stand on its own feet.

2. That the actual work of the homœopathic remedy is based on the chemically contained tissue-salts in organic substances.

3. That each time the most needed tissue salt will be assimilated out of the contained ones in homœopathic organic drugs.

4. That the biochemic ratio underlying the symptomatological working of Homœopathy never can be combined and form an alliance—as standing absolutely opposed to each other.

Schüssler was over-anxious to eliminate everything that could be assailed, so lately he eliminated *Calcarea sulphurica*, so that his followers around Oldenburg religiously know only eleven remedies.

That was Schüssler's position at the time of his death, March 30th, 1898.

But time never stands still, and so in the last years many new facts in the physiological chemistry of the human body have been evolved—which, if biochemistry shall not be fossilized, must be taken into consideration.

Many a time I have had occasion to observe that the improvement in some cases had progressed to a certain state and then had reached a dead point—as if some mysterious agents were at work, and that some other remedy, not contained in the twelve tissue salts, was needed.

Knowing even from my time, in Professor G. Bunge's laboratory of the University at Basel, that those twelve salts were not the only ones of an organic substance of the body, so it was not out of the way to try, if perhaps, in such cases, a cure could be effected if those elements and their salts, not yet in Schüssler's therapy, could be introduced as auxiliary to the original remedies.

First of all I tried my hand in a case of general hysteria of a young lady, who suffered also from a slight form of psoriasis vulgaris. As her whole appearance belonged to the picture of *Calcareo phosph.*, the patient seemed to improve under this remedy. In time, though, she seemed to remain at one and the same point—so now, regarding the lack of *Arsenic* in the skin as the possible cause of the skin defect—*Arsenic* has been found in relatively large per cent. in the epidermis—I combined *Calcareo phosph.* and *ars.* in *Calcareo arsenicosa*. In very short time the patient was fully cured. In the same way I proceeded in every other case.

But all those accessory remedies formed from *Arsen.*, *Brom.*, *Iod.*, *Lithium*, *Mangan.*, *Plumbum*, *Zincum*, *Cuprum*, *Alumen* are contained per cent. in smaller quantities than the original salts of Dr. Schüssler—therefore secondary in application.

Furthermore, in cases where either sulphates or phosphates were working to a certain point I found often the cure hastened by administering either *Sulphur* or *Phosphorus*.

To frustrate as much as possible the alternating use of remedies I have lately employed successfully *Magnesia muriatica* for *Magnesia phosph.*, and *Natr. muriat.* and so on, according to T. F. Allen's "Hand-book."

Many perhaps will now claim that this has been only the result, that I had to return to Homœopathy under cover, as Biochemistry

was not sufficient. By no means, but I believe that such a doing as mine must be regarded as a certain progress of Schüssler's theory.

Schüssler had built on the knowledge of his time; his system, after his time, must be able to be adapted to further progress or will decay.

To show how the additional remedies are used, I shall have them distributed under the twelve original salts of Schüssler.

To differentiate Schüssler's Biochemistry I shall call all those remedies a cellular therapy in certain relation to Rudolf Virchow's cellular pathology.

*Ferrum phosphoricum.*

Menstruation and its irregularities. *Ferr. iod.*

Anæmia. *Calc. arsen., Mangan.*

*Calcarea sulphurica.*

Liver ailments. *Cup. arsen, Plum. phosph.*

*Magnesia phosphorica.*

Squeezing contractions. *Calc. iod.*

Neuralgia, better by warmth, *Arsen.* } agonizing,  
better by cold, *Cuprum.* } *Cup. ars.*

Spasm and tremor. *Zinc. phos*

Enteralgic cramps. *Plumbum phos.*

Neuralgia of old age. *Baryta phos.*

This imperfect paradigm gives especially under the heading of the remedy against pain the sometimes necessary differentiations according to the cause.

It is true that sometimes *Magn. phos.* ix will take the pain away by its massive doses but not always where such a differentiated remedy, even in the 200th centesimal will work a wonder.

My observations, and indications, for the different remedies, including the original tissue salts, will be published some time under the embracing name of Cellular Therapy.

Rudolf Virchow's famous doctrine, "The essence of disease consists in the changes of the cells," is proved daily; and this change of the cells can be cured logically only by minimal doses of homogeneous substances in a direct way without any applied force or restraint on the organism.

*The new remedies are depending on the following facts:*

*Plumbum*, found in blood and liver as, *Plumb. oxyd.*

*Cuprum*, found in blood and liver, *Cup. oxydat.*

*Mangan.*, liver, blood, milk, *Mang. oxyd.*, *Manganese.*

*Lithium*, bones.

*Zincum*, spinal-marrow, brain.

*Brom.*, skin, brain.

*Iod.*, leucocytes, blood, glands, esp. menstrual blood.

*Arsen.*, skin glands, blood.

*Alumina*, bones, brains, skin.

*Baryta*, bones, skin.

The resulting remedies so far used are:

<i>Alumina</i> ,	<i>Baryt. phos.</i> ,	<i>Cup. arsen.</i> ,	<i>Magn. mur.</i> ,
<i>Arsen. alb.</i> ,	<i>Baryt. iod.</i> ,	<i>Kal. brom.</i>	<i>Manganese</i> ,
<i>Arsen. bromat.</i> ,	<i>Calc. arsen.</i> ,	<i>Kal. iod.</i> ,	<i>Natr. arsen.</i> ,
<i>Arsen. iodat.</i> ,	<i>Calc. iod.</i> ,	<i>Lith. mur.</i> ,	<i>Plumb. phos.</i> ,
			<i>Zinc. phos.</i>

In a succeeding paper I will give some notes on cellular treatment.

Editor of the HOMŒOPATHIC RECORDER.

Regarding the foundation for Dr. Schüssler's biochemical theory, I believe it of the greatest importance that the following general notice should be published in your esteemed paper, so that the physicians more interested in Biochemistry should take notice of the following passages from N. Y. Journal, February 23d, 1903:

"Chicago, February 23.—Locomotor ataxia, St. Vitus's dance, insomnia, and all manner of nervous affections of the muscles may yield, says Dr. Jacques Loeb, to treatment with *Calcium salts*."

"The famous young biologist, just before his departure from the University of Chicago, furnished a series of experiments which demonstrated conclusively that the presence of *Calcium salts* in muscular tissue prevents muscular twitchings, and that all nervous diseases of the muscles are caused by the absence of *Calcium salts*."

It cannot be appreciated enough that a man like Professor Loeb is coming out (based on his experiments and investigations) for Dr. Schüssler's "*delusive philosophy*" now published and well known since 1874.

The further step for the regular medical school will be, and as I expect also under the leading hand of the biological chemist, Jacques Loeb—the acceptance of the law of the *Minimum* so well demonstrated in its positive work by the great Justus V. Liebig, (Chemical Letters), vol. II, page 295.

Rudolf Virchow's "*The essence of disease consists in the change within the cells,*" the fundamental stone of Dr. Schüssler's Biochemistry will certainly be productive also for the allopathic therapia in building up more and more the congruent cellular-therapy outgoing from the initial work of the late Dr. Schüssler.

The cellular-pathology will so have a natural mate, where till today the following expressions in *Materia Medica*, namely:

1. *We have not yet rational therapeutics.*—Virchow;
2. *We still stand at the yet closed doors of an understanding of the pharmacodynamics.*—Binz.

Have been the acknowledged state of medical therapeutics in their empirical and not logical value!

Hoping that by those investigations of Loeb in this direction much will be done for a clearer conception of *Materia Medica* in positive knowledge and an ultimate union of all physicians,

I remain yours truly,

ERIC VONDERGOLTZ, M. D.

247 East 72d Street, New York City,  
February 24, 1903.

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## GLONAIN IN GRIPPE.

By E. B. Fanning, M. D.

Just a few words about this valuable drug. I have used it in every case of influenza so far this season, and with almost magical relief in every single case. It has been my sheet-anchor in all the past epidemics since I have been in practice. The symptoms calling for it are: Headache over the right eye, or in the eye-ball, or on top of head or occiput, in both temples, or sharp pain above left eye (or behind right ear if stomach is at fault), all worse from coughing, so patient holds the head with the hands; face may be flushed or pale; lips generally quite red; more or less severe pain in stomach or left hypochondria, sometimes forcing patient to almost bend double and press stomach with the hands for relief. (This last symptom caused me to take my first dose of Glonoin while suffering with grip, and it gave immediate relief, and I feel quite safe in saying it will never fail where these conditions exist.) There are chilly sensations and flushes of heat following

closely upon each other, aching of the limbs, soreness all through the body, with soreness of the scalp, which feels bruised; eyes look watery and fevered, cough from soreness and irritation in larynx and bronchial tubes, cough jars the whole body, cough may be more or less continual or spasmodic, with spurting of urine in females at every coughing spell; most always a watery discharge from nose in gripe cases. I use it in the 12th and 30th dilution, mostly the latter, on disks or pellets, and have them take it every fifteen minutes for a while, or until relieved, then alternate every half-hour with *Merc. cor.* or *Sanguinaria*. more often the former. I trust other physicians will give this remedy a trial if they have not already done so. I invariably relieve my patients of the acute pain in the head before I leave them or permit them to leave my office.

*1544 South 13th Street, Philadelphia, Pa.*

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### A CURE WITH SYPHILINUM 50m. (Swan).

By Dr. Grenville S. Stevens.

A man about fifty years old had an eruption on different parts of his body, with intolerable itching. It appeared to be a case of eczema papulosum. He was in ordinary health and had never had any venereal disease. Business troubles and the constant itching had somewhat prostrated his nervous system. Bowels and urine were in normal condition. He had a similar attack a few years ago which proved very obstinate. Upon a close examination the eruptions resembled syphilides. I ascertained that his father was afflicted in his latter years with a similar affection, and then concluded that my patient was suffering from the "sins of the fathers," and prescribed a few doses of *Syphilinum* 50m. (Swan). Cured perfectly in ten days.

The report of this case is an attempt to answer Dr. Nash's question in "Leaders in Homœopathic Therapeutics," page 246, viz., "If *Rhus*, very high, will cure *Rhus* poisoning, why should not *Syphilinum* cure syphilis?" It will, even in the second "generation." Nevertheless, some may regard this as a case of *Post hoc, ergo propter hoc*.

*Providence, R. I.*

## TUBERCULINUM FROM A SLAUGHTERED COW.

About ten years ago the author was impressed with the idea that the *Tuberculinum* in vogue was not the best form for use as a remedy or to prove, as it was made from sputum which must have been mixed with products from fermentation. It also seemed in many ways repulsive. Therefore, some glands were produced from a slaughtered cow in the advanced stage of tuberculosis. The best specimen was selected and B. & T. potentized it to the 6th cent., and my friend Tyrrell from this made for me the 30, 200, 1m., 10m., 50m. and c.m. potencies. These have been tested in hundred of cases and many provings have been made. It works far better than the other forms now in use. Many physicians are using these potencies with satisfaction. It would seem that the time has come to make use of this preparation, as it is the only pure *Tuberculinum* to be had. It is not mingled with anything to change it or preserve it.

Since B. & T. have in use a Skinner potentizer, which is the best ever invented for making potencies for homœopathic use, it seems that now we should begin to demand that doubtful potencies and unknown scales for making potencies shall be relegated to the past. B. & T. have now on hand this form of *Tuberculinum* in the 30, 200, 1m., 10m., 50m., c.m. and m.m. From these provings should be made reports of cures recorded in order that the blind use of this agent may not be necessary.

KENT.

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JAPAN.

We trust that when the annual conference of the deans of the homœopathic colleges of the United States for the discussion of the present status of Homœopathy; for the seeking out of ways and means to unify and concentrate scattered energies along the lines of progress and militant Homœopathy; for the comparison of curricula and the advancing betterment thereof, shall meet, that someone will refer to that undiscovered country (so far as Homœopathy is concerned), Japan.

The modern Japanese is an eminently scientific individual. The Japanese mind is lacking in imaginative power, as its litera-

ture shows, and while the highest degree of scientific culture of the creative type is necessarily associated with a certain degree of inventiveness, it is a thumb-mark of excellent scientific ability to grasp and mould into applied knowledge facts already discovered and classified. In this the Japanese is eminent. His desire for fact is insatiable; he has little use for figures of speech; disregards the abstract or does not comprehend it, but clings to the concrete. The art of Japan is the art of grotesque, or closely simulated reality, but always reality. The Japanese should be a model diagnostician, for his perceptive, comparative, and inferential abilities have been developed by a civilization far more ancient than ours, based on the tendency toward the concrete, characteristic of the Japanese mind. If we add to this the equally characteristic perseverance and capacity for hard work exhibited by the eastern "Yankee," we have a combination which should make superior homœopathic physicians.

The blissful uncertainty of "regular" medication; its almost total lack of symptomologic individualization; its gross and unproved dosage which results often in disaster, and not often in cure at the hands of the ordinary "regular," are facts which should appeal to the Japanese mind, and lead him to inquire if there be not some more exact, scientific, proved method of procedure in healing the sick.

Here is Homœopathy's chance. With mind unwarped by the occidental traditions of the "dominant" school; with insatiable desire for facts, facts; with keen perceptive faculties, the Japanese will grasp and appreciate the facts of Homœopathy, the well-proved, old, but ever new, facts of homœopathic therapeutics. The Japanese will not cavil at a high potency if he sees the patient cured; he will not quarrel with Similia if daily practice reiterates its truth; nay, he will delve and dig in the homœopathic mine of precious metals until, some day, if America gives him the chance, there will appear on the scene a Dunham, a Lippe, a Hering, an Allen, clad in Oriental garb, each adding his quota of beneficent knowledge to the treasures of the west.

Treatises on Homœopathy (including methods of proving its truths) should be translated into Japanese and scattered from one end of the island empire to the other; possible students should be attracted by a minimum tuition fee for a term of years at least; and "regular" medicine should not be allowed to pervert the Japanese mind with its prejudices and traditions. Give the Japanese

a chance to prove Homœopathy! This done, a wave may roll across the Pacific which shall prove particularly briny and distasteful to our arrogant "regular" school.

We trust the annual conference of homœopathic deans will not forget—Japan.

P. W. SHEDD.

12 East Ninth Street, New York City.

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### HOMŒOPATHIC TINCTURES.

The editorial in the January *Journal* has naturally led to a further word concerning this subject. Neither homœopathic physicians nor others desirous of doing their duty by their patrons, after taking time to rationally carry the drug subject to its ultimates, can give a thought to the use of cheap substitutes for known remedial agents. Take the most expensive liquid plant preparation on your shelf, contrast its cost with a cheaper substitute, and calculate the difference in price of a dose of medicine, or even the total of a series of doses. This contrast can be carried to chemicals as well, and it may be best as examples to begin in that field.

Squibb's chloroform is specified by physicians simply because the established name *Squibb* gives it a certain position, a position earned by a series of years of uniform reliability. Other chloroforms may be as good, or may now and then be even of a more exacting grade, but the physician knows from long experience that Squibb's is all he can ask. The price of Squibb's chloroform is \$1.15 per pound; the commercial article is 85 cents per pound. The difference per pound is 30 cents. Now it takes in the extreme less than two ounces to act as an anæsthetic, so that the surgeon who uses Squibb's chloroform pays, at the utmost,  $3\frac{3}{4}$  cents more than he would pay were he to use the commercial drug. The internal dose of chloroform is from two to thirty minims. The difference in price between one large (30 minims) dose of Squibb's and a similar dose of the commercial is less than one-third of a cent. We take it no physician can afford to risk his reputation or the life of a patient for the sum of  $3\frac{3}{4}$  cents, much less can he do so for one-eighth cent. A physician may pay 50 cents to telegraph for a surgeon to come one hundred miles to perform an operation. He may drive ten miles to meet him.

He may pay a hotel bill of \$5.00 to entertain him, to say nothing of the fee. Then if he may try to save  $3\frac{3}{4}$  cents by purchasing a cheap chloroform, and risking all this and life, too, he is possibly verging towards the criminal, and were these facts made plain in case of disaster, it is questionable what a jury might not do

Take the homœopathic *Aconite*, which costs \$2.50 per pound, while the official tincture costs but 85 cents. Figure this down to a fraction of a drop, and the ink used to make the figures costs immensely more than the price difference between the doses. A homœopathic physician who seeks a remedy because an ounce costs eleven cents less than the cheaper spends his time in saving the infinitely little. Besides, is he sure that the medicine in the cheap preparations is not less in proportion, or rather out of proportion less, and consequently more expensive? But, we might ask, what is saved when one uses large doses of drugs—for example, compound syrup of *Stillingia*—where a teaspoonful may be given at a dose? In reference to eleven prices current, we find that the list extremes are respectively \$4.25 and \$3.50 per gallon. This would make the most expensive of all the preparations cost 75 cents per gallon of 1,024 teaspoonfuls more than does the cheapest of the series. Calculate this to the teaspoonful dose and it makes the cheapest save but three-fortieths of a cent per dose, a saving of one cent in thirteen doses. Even with a series of thirteen doses the cost is so trifling (one cent) as to make it appear ridiculous for a physician to risk his own reputation and his patient's life for such an amount.

Apply this same thought to all preparations where a standard remedy is imitated by a cheaper substitute, and it will be found that the actual saving is beneath notice. To this we need but say that a homœopathic physician who values his own reputation, who does his duty by his client, who aims to best serve his cause, can not afford to risk all this, and sacrifice his opportunities as well, on a medicine that is eleven cents an ounce cheaper than his standard. These facts should ever be borne in mind by the homœopathic physician who seeks something cheaper to replace a known and tried homœopathic remedy.—*J. U. L. in Eclectic Medical Journal.*

## TWO GYNÆCOLOGICAL CASES.

A lady of vigorous, corpulent constitution, thirty-five years of age, complained of trouble in the right iliac fossa, and of lancinating, piercing pains and a sensation of heaviness; these ailments increased before the menses and were occasionally attended with a severe hæmorrhage and a purulent fluor albus. The allopathic physicians who were called on diagnosed the case as an inflammation and swelling of the ovaries and, after applying their vesicants and painting with *Iodine*, they finally advised a surgical operation. But the patient absolutely refused to submit to such an operation, and she accordingly consulted Dr. van der Heuvel, a homœopathic physician in Brussels. He confirmed the diagnosis made, and affirmed that the ovaries were the source of these periodical pains.

The patient received *Colocynthis* 6 D., ten drops in some water, in the evening. This had a very beneficial effect. The cure was completed with a dose of *Silicea* 12.

This cure was effective for several years; later on, under the influence of advancing age, the disease again showed itself, but the same remedies again produced the desired effects.

The doctor stated that this was a case of neuralgia of the plexus ovaricus; when this was cured the pains disappeared and at the same time the swelling of the organ.

II. A lady, nearly thirty years of age, was suffering from violent attacks of pains in the region of the left ovary. The physician treating her found an oöphoritis with suppuration; he advised an operation and executed it. The ovary was extirpated; but in a few months there was a recurrence of her nervous attacks and of the swelling, in spite of the removal of the ovary.

Dr. van der Heuvel prescribed *Colocynthis*, as he found the region in a highly sensitive and distended state, and concluded that there was a neuralgia of the nerves there. *Colocynthis*, *Silicea*, *Hamamelis* and *Arsenicum* were used with partial effect, but he could not ward off the recurrence of the pains. He acknowledged to me: "I had forgotten the psoric state of the patient, who belonged to a family which was decidedly neuropathic."

As the patient was going to London he recommended her to Dr. Skinner. He gave her some high potency pills of *Sulphur* on her

tongue, and then some doses of placebo (*Sacch. lactis*). The pain disappeared and the patient remained in good health for two years. Then, in consequence of an over-exertion of the anæmic patient there was a relapse. *Sulphur*, *Silicea* and *Colocynthis*, with a strengthening diet, restored her to health.—*From Le Médécin Homœopathie.*

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## CLINICAL RESULTS AND—MERRIMENT.

By Dr. H. Goullon.

I was treating a patient for her eyes. The lady had heard that a gentleman, who had suffered from the same ailment, had been treated by me for several years with success; so she had sufficient confidence to make a trial of Homœopathy, though I had to rely on the diagnostic judgment of the specialists residing in her city. The case was diagnosed as *loss of transparency of the crystalline lens*. As such a lack of transparency has its reason mostly in a gouty diathesis, I usually give our "arthritic remedies," *Sulphur*, *Silicea*, *Calcarea carb.*, *Lycopodium*, one dose a week, in the order indicated, and I have been enabled thereby in a number of cases to check the formation of the cataract. Since this ailment has a tendency to continually increase, even to complete blindness, such a result is by all means to be considered as noteworthy and encouraging.

I followed the same course in the case of my new patient, who had been subject to manifold bilious disturbances, and had an extraordinary tendency to excess of acidity, which no doubt had a causal connection with the dimming of the lens.

Lately, Miss O., who has charge of the correspondence of my patient, wrote to me: "The powders for the eyes are all gone. A young doctor, a nephew of Mrs. v. M., a pronounced and violent opponent of Homœopathy, lately observed that *he noticed that his aunt could see better*. When we ascribed this to your remedies he quickly answered that probably there had nothing serious been the matter with his aunt's eyes. But when we replied that *Professor B. and Professors F. and K. had diagnosed the trouble as cataract* he suddenly became silent.

AMERICAN INSTITUTE OF HOMŒOPATHY.

CHICAGO, February 20, 1903.

*To the Members of the American Institute of Homœopathy:*

The by-laws of the Institute (Article IX., Section 9) provide that—

“The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Executive Committee at least ninety days before the date of the annual session, whereupon the Committee shall investigate the various places with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Committee's report shall be made to the Institute, when the location shall be determined.”

In accordance with this requirement invitations for the session of 1904 should be forwarded to the Secretary on or before the first day of April, *prox.* Invitations should be accompanied by all possible information to guide the Executive Committee in its further investigation.

CH. GATCHELL, *Secretary.*

100 State Street.

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PYROGENIUM.

By Dr. H. Kubasta, Vienna.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.* for January 29, 1903.

Dr. Haupt some years ago gave in the *Allgemeine Homœopathische Zeitschrift* (vol. 120, p. 39) a careful treatise on *Pyrogenium* from the bacteriological point of view, and he showed that this preparation was not accurately prepared nor homogeneous in its constitution, and, therefore, declared it to be altogether useless. This disquisition, however correct it may have been from an exact bacteriological point of view, seems to me to go too far. The clinic image of poisoning through putrescent meat is surely a constant and clear one, so that the diagnosis of such a case of poisoning does not usually offer any difficulty.

This poisoning, however, and this is the gist of the matter, has very much in common with the image of typhus abdominalis. According to my experience, the rejection of this remedy from

our treasury of medicines would deprive us of a very useful help.

In the cases where I used it there was a rapid and clear improvement in the fever and the general condition of the patient; the sensorium soon became very much freer, the digestive region came into a normal state and the tongue soon commenced to become cleaner and humid.

I. Abdominal typhus in a girl of seventeen years.

She was taken sick on August 13, 1902, with the plain symptoms of this tedious disease.

In spite of *Aconite* 3 C., given in solution every half hour, and the copious perspiration which ensued and continued (the girl being all day literally bathed in perspiration), the temperature, nevertheless, continued to rise steadily. After starting with *Pyrogenium* 6 C. (continuing *Aconite* every half hour between the doses of *Pyrogen.*) the general condition improved, but still the temperature continued to mount until it reached 104.3° F. Then I remembered the statement of Dr. Villers, Sr., that he had better success with the high potencies, and accordingly gave *Pyrogenium* 11 C. every two hours, five drops (day and night), continuing in the meanwhile *Aconite* every half hour, as I attributed to it the copious perspiration, so rarely seen in typhoid fever, and by which probably much of the typhoid virus had been excreted.

The effect of *Pyrogenium* 11 C. was striking. On the same day the evening temperature was lower and with a considerable improvement in every other respect; the temperature in a week became normal. During the whole time I had given irrigations of warm water according to Dr. Grauvogl's method.

During her convalescence there was a copious breaking out of phlegmous inflammations, which healed quickly with a few doses of *Silicea* 30 C.; at the same time much hair came out, but was quickly replaced.

II Case. Gonorrhœic metritis and salpingitis with perimetrical, pericarditic and pleural irritations.

The patient was a young woman of twenty years, only shortly married. I found her in bed, complaining much of violent, lancinating pains in the abdomen, which appeared at every respiration, and also of vomiting. An examination yielded the diagnosis given above. In spite of *Aconit.* 3 C. and *Hepar* 30 C. (given on account of the purulent flux) and *Bryonia* 30 C., given in frequent successive doses, the temperature rose to 104° F.

The lancinating pains were much relieved by *Bryonia*, and I may add, that I have often given *Bryonia* 30 C. in adnex tumors

of a gonorrhœal origin with good results, as the cardinal indication for *Bryonia*, lancinating pains at every movement and aggravation by movement, are very pronounced in this disease.

The temperature for several days remained very high and caused me to take my refuge to wet wrapping of the body, renewed every hour; at the same time I continued *Bryonia* 30 C. (thirty pills in one hundred grammes of water), a teaspoonful every hour.

The temperature was depressed by these means, but there was great mental depression and weariness, as well as indifference, such as we frequently find in gonorrhœal cases, which thereby receive a resemblance to typhoid fever.

After *Pyrogen.* 6 C., in hourly alternation with *Bryonia* 30 C., the temperature was soon lowered, the digestion and appetite improved and there was complete convalescence. I would add, that *Pyrogen.* was given as in the other case, day and night, in five-drop doses with some water, while *Bryonia* was only given by day. The additional gynæcological treatment need not here be recorded.

My only aim in these lines is to disperse the scruples which some of my colleagues may have to the use of this remedy. I will therefore, add that *Pyrogenium* 7 C. has also proved of service to me in tuberculous fever. This appeared slight in degree at intervals of eight days, in spite of the use of *Tuberculin.* in high potencies, but disappeared after the use of *Pyrogenium.* This fever was probably due to absorption from the cavernæ.

A colleague, whose attention I had called to this remedy, wrote to me that he had found it useful in two cases of feverish bronchitis, where the fever had failed to yield to other remedies. The remedy seems also worthy of consideration in cases of poisoning from ptomaines.

I wish to add yet that Dr. Stamm (in his "*Nosophthorie*") states that abdominal typhus is only found in countries where meat is eaten, while typhus lymphaticus is destructive in countries where the diet is chiefly vegetarian. Though this may not be quite correct it may have a nucleus of truth in it.

Remarks of the editor:

*Pyrogenium* in these cases shows itself again as the great remedy in typhus, septic conditions. The question arises, whether the cure might not have been secured even without the simultaneous use of *Aconite*? Some other symptoms besides those of fever must surely be present to give a certain indication for the use of *Pyrogenium.*

## EFFECTS OF TUBERCULIN.

By Dr. Moll in Brixen, South Tyrol.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*

Just as much as *Tuberculin*, came to be dreaded, when in strong concentration it was injected in cases of tuberculosis, just as highly is it now valued in the hands of the skillful homœopath; for it appears to be the most effective opponent of murderous tuberculosis. It is now well established that a number of cases of tuberculosis not too far advanced have been cured by *Tuberculinum* in high homœopathic dilutions.

The effects of the remedy appear with great promptness, often after the first dose of the remedy, even when prescribed in the highest potencies (the 60th to the 100th). Most generally at first the cough is increased, with an increased, more copious expectoration. The patients feel tired and complain of a dull feeling in the head. This is sometimes attended with slight, lancinating pains in the chest, accompanied at times with an expectoration of blood. The temperature usually rises in the beginning, but after a few days it sinks to the normal point or even below the normal, as is noted in the crisis of other severe diseases. Frequently this symptom also shows a real crisis, after which the symptoms of the disease vanish and the cure begins.

I have only been practicing since three years according to the method of Hahnemann, and must openly confess that the results obtained increase the pleasures of the physician, for the homœopathic remedies are not a *misarum solatium*, but they are real weapons to combat the disease of which the patient desires to be cured. Such a weapon also is *Tuberculinum*, which, having been given up by allopathy, has been received by observing and proving Homœopathy and is now frequently used. Raising it to high potencies has deprived the poison of its terror and allows its eminent healing powers to be fully appreciated without any injurious concomitant effects.

I would herewith submit to the reader some observations on *Tuberculinum* as culled from my own practice, as a stimulating proof of the efficacy of this remedy.

In the beginning of May 1901, I was consulted by a man,

about twenty-five years of age, on account of violent pains on the right upper arm. An examination showed a violently inflamed swelling in the region of the biceps muscle. The swelling was drawn tense, and slightly tapping it with the finger-tips it showed a manifest fluctuation. The patient could not draw a full breath and suffered such pain that he could not sleep either night or day. An anamnesis showed that the patient had repeatedly suffered from such abscesses, and that he had been operated several times, also in clinics, during which operations pieces of bone had been removed. There was suppuration of the marrow of the bones, a disease which is extremely painful and pertinacious and is called *Osteomyelitis*. The left leg showed in front a long deep scar, owing to an operation in which a large piece of bone had been chiselled out. Further questions showed that the patient, when eleven years of age, had had scarlatina, and had not properly taken care of himself, having gone out to work in the fields in wet weather when he had scarcely gotten over the disease. A brother of the patient is suffering from epilepsy.

The abscess on the upper arm being evidently ripe, and the pains being intolerable, the patient feverish and unable to eat or sleep, was very wretched and weak. All these circumstances pointed to a lancing of the deep abscess, which had been ripened more quickly by hot poultices. I anæsthetized the morbid parts according to Schleicher's method and lanced through the thick mass of muscles to the bone almost without any pain. Four hundred grammes of thick, yellow pus were discharged, and the patient immediately felt a great relief. But in a few days, while he was yet enjoying the long desired sleep, pains set in on the left leg, in the same place where the patient had been operated on a few years before. These grew to such a height that the poor patient was again deprived of his nightly rest. The place was reddened, the bone appeared raised, and was very sensitive to the slightest touch. Evidently the same process which had just been finished in the upper arm was there beginning anew. The patient was very anxious, especially as, owing to the severe pains and the difficulties of lancing that part, another visit to the clinic was spoken of. Weakened, feverish and depressed, the patient was afraid, not only of the journey, but also of the narcosis, which, owing to his great weakness, was not, indeed, without its danger, as the pus could hardly form and discharge itself freely through the thick shin-bone.

Considering that there was a possibility that the disease was tuberculous in its character, and then also owing to my great desire of saving the patient, whom I pitied, from the operation he so much dreaded, I concluded to try *Tuberculinum*. There was also a possibility of the favorable action of *Tuberculinum* on a chronic malignant suppurative process, even where we could not with certainty demonstrate that the bacilli of tuberculosis were the cause. So I prescribed *Tuberculinum* 60 D., giving five drops in a tumblerful of water, a sip every hour. The result was astonishing. In a few days the pains had disappeared, the redness vanished and the elevation on the bone soon disappeared. No pains were now felt on examining the limb, and the patient was delighted at being saved from a surgical operation and also at the restoration of his sleep and of the use of his limb. I then gave the *Tuberculinum* more rarely, and finally when the cure seemed established and there was no more trace of a relapse on the leg I stopped it entirely.

There was another very striking effect of the *Tuberculinum*. It delayed the healing up and cicatrization of the wound on the arm, caused by the lancing. For two months this wound discharged matter which was copious and without odor. The wound remained clean, the edges and bottom being covered with abundant granulations. The arm was not painful and the patient could even resume his work as sculptor. The cure of the leg was complete, so that in a few weeks the patient was able to walk from his home to my office for treatment without any inconvenience, though it was a goodly distance. Appetite and sleep were good and the patient was cheerful. The opening on the arm kept getting smaller and discharging pus without any pains for sometime. I am of opinion that through the action of the *Tuberculinum* there was a discharge of malignant substances in the open wound, which was bandaged once or twice every day, while the passage from the bone to the surface was lined with gauze. I kept the patient under observation for several months, gave him occasionally *Tuberculinum*, and witnessed a continual increase in his health, and convinced myself there was no relapse. As I have since then removed to southern Tyrol, I shall presently enquire by person or letter as to his present condition.

II. A young lady, a school teacher, twenty-three years of age, consulted me during the summer of 1901 about a catarrh in the tips of her lungs. In the year 1899 she had suffered from a brou-

chial catarrh, in the course of which there successively appeared weakness, cough, nocturnal perspirations and expectoration. In the year 1901 she passed through pneumonia, which weakened her and caused her to lose twelve kilograms in weight.

On examination I found a pronounced catarrh of the tips of the lungs, which, especially on the left side, already extended to the middle lobe of the lung. As the patient still continued under the treatment of another physician, who advised her to try the higher altitude of Grueden (1400 meters), I did not at once prescribe any medicine, but confined myself to hygienic, dietetic and hydro-pathic measures, especially as I could not keep the patient under my observation. The invigorating mountain air proved useful for only a short time; in the third week insomnia and a peculiar excitation appeared, symptoms which I have frequently observed in patients who are sensitive and have been removed to higher altitudes.

When the patient came under my treatment in November, 1901, I found the middle and upper lobes of the left lung strongly affected with catarrh and here and there already infiltrated. There were also numerous subjective ailments, which had depressed the patient and rendered her irritable, though she was not emaciated and looked pretty well. The expectoration was copious and the sputa were in coin-like balls, partly sinking in water. In the evenings there was always an increase of the temperature, which usually reached about 100.4° F. Severe headache, clammy, ill-smelling nocturnal perspiration; great weariness and a peculiar tickling irritation in the throat tormented the patient, and for about a month she has been deprived of the sleep she desired so eagerly. I treated the case in conjunction with two other physicians, who had prescribed cold ablutions, a vegetable diet and continual stay in the open air. There had not, however, from these measures appeared any alleviation of the symptoms, nor any regress of the disease; on the contrary, this seemed to be extending still further.

We were all united in the diagnosis of tuberculosis of the lungs. As to the therapy, I proposed to use at the same time homœopathic medicines.

Beginning with November 20th the patient for several days received in the evening *Tuberculinum* 60 D., alternating with *Belladonna* 4 D., against the congestive headache, and *Arsenicum* 4 D. against her weariness.

By November 23d the headache, which had before returned regularly for four weeks, had almost entirely disappeared; sleep had returned and the expectoration became more copious.

November 26. The improvement continues; the temperature sinks to 96.3°; increased pains on the side affected; more copious expectoration, discharging brownish-gray lumps (of decayed tissue).

November 28. The temperature, while the patient feels better, mounts to 101°.

December 3. In the expectoration there was found about three grammes of bright red blood. In the evening the temperature mounts to 102.4°.

After these symptoms, due to the reaction of *Tuberculinum*, had disappeared, the condition of the patient improved considerably. The catarrhal affection on the posterior parts of the lobes of the lungs, and the infiltration can no longer be traced; also anteriorly the dullness of sound and the rattling have considerably decreased. *Iodium* and *Calcareo carb.* now act favorably. The perspiration at night has sensibly diminished. My two colleagues were astounded at the striking effect of the homœopathic remedies, especially of *Tuberculinum*, and hope with me that the patient will recover. The patient has up to the present time recovered in so far that she can take a short walk and enjoys good sleep. The morbid process in the lungs is steadily regressing, so that no infiltration can now be observed and the catarrhal symptoms have essentially receded.

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## URANIUM NITRICUM IN DISEASES OF THE LIVER.

By Dr. Cartier.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*,  
January 29, 1903.

According to the experience of the homœopathic school so far *Uranium nitrate* is especially useful in diabetes mellitus and in glycosuria; based on the ulcerations experimentally demonstrated by Dr. Ed. Blake as occurring from it in the stomach near the pylorus and in the duodenum, it is also considered as indicated for these ailments.

Dr. Cartier, however, and a number of other investigators have not found such changes of tissue in the stomach and duodenum, but have noticed frequent ecchymotic ulcerations in the whole extent of the smaller intestines, in the form of a decided branching out of the vessels. In the Malpighian bodies of the kidneys there are numerous ecchymotous foci, as also in the pericardium and the endocardium. Dr. Cartier has found ulcerations scattered almost everywhere, while the stomach was quite sound.

These ecchymoses and ulcerations are the consequence of a severe general state, which shows itself chiefly in the region of the liver and of the kidneys. These two organs really show great changes when viewed under the microscope.

#### Pathological Anatomy of the Liver in Poisoning by Uranium Nitrate.

The characteristic changes produced by this nitrate are shown most plainly in rabbits, while in dogs the paralytic symptoms predominate. In rabbits we find the cells changed owing to the development of hyaline bodies, which eventually cause the nucleus of the cells to waste away, giving to it the queer form of a crescent or of stars, until the cell is completely destroyed and the nucleus disappears. Dr. Cartier has made homœopathic experiments with this remedy which is able to kill the cells of the liver, using it in diseases of the liver.

Case I. The first opportunity presented itself in a female patient suffering from diabetes and at the same time from a considerable hypertrophy of the liver. The lower edge of the liver touched the umbilicus. The *nitrate of uranium* was first indicated by the diabetes. The result was quite remarkable. For while in four weeks' use of the remedy the sugar in the urine had decreased but little (51 grammes instead of 58 to the litre), the size of the liver had notably diminished, so that the lower edge now was two fingersbreadths distant from the umbilicus. At first the patient had received *Uranium nitricum* 6, for this was now substituted for the 2 C. In the course of two months more the liver had diminished still more, but the contents of sugar had increased to 72 grammes. The use of Vichy water had no especial effect on the diabetes, but the diminished volume of the liver as caused by *Uranium nitrate* was maintained.

Case II. A woman with hypertrophy of the liver, but without diabetes. The anamnesis showed neither syphilis, alcoholism nor intermittent fever.

The case had commenced nine months before with jaundice, heaviness and pain in the liver, slowness of digestion and loss of appetite. Even now the eyes and skin had a strongly icteric color, the urine was of mahogany color; itching of the skin. The right edge of the liver reached to the umbilicus.

*Uranium nitric.* 6 C., one drop morning and evening.

In forty days the author could determine that the jaundice was diminished, the itching of the skin had almost disappeared and the appetite and strength had improved.

*Uranium nitric.* 3 C., two drops morning and evening.

Four weeks later, after seventy days' use of the remedy, the icterus had totally disappeared, the urine was normal, the itching of the skin had disappeared; appetite and strength were excellent; The liver has somewhat diminished in size, but it is still far from its normal size.

In two cases of cancer of the liver there was a fatal termination, but *Uranium* had at least diminished the icteric trouble and improved the digestion.

A hepatic fever as described in our manuals is rarely if ever found in our region of the world, but occasionally we find cases remarkably similar to the intermittent fever; attacks of chills, heat and perspiration, followed next day by headache. In two cases of this kind the liver appeared rather smaller and secreted but little bile. Influenced by this diminished secretion of bile poisonous fermenting substances might form in the intestinal canal, with symptoms resembling those of malaria. The attacks themselves were always favorably affected by *Eupatorium perfol.*, as it made them shorter and milder, but it could not prevent them.

The author used a number of remedies without any decided result; finally his choice fell on *Uranium nitricum*. This soon gave the normal color to the fæces, which up to that time had always been grey. Also in a second case, in which these attacks came every six, eight or twelve days, *Uranium* affected the stool in a similar manner. In both patients the intervals between the attacks were lengthened and the attacks finally ceased; in the one case eleven and in the other seven months have now elapsed since the last attack.

The remedy has also proved of good service in a case of constipation due to acholia—a very frequent source of this ailment—in this case there was much accumulation of gas and abdominal distention.

Dr. Cartier has come to the conclusion that *Uranium nitrate* is indicated in diseases of the liver owing to its pathogenetic effects. It deserves a place among the hepatic remedies even aside from its homœopathic relation to diabetes and glycosuria.

[Blake reports in his provings of *Uranium nitric.*: Dyspepsia, acidity, pain in the cardia toward the suprarenal region, better during the day from movement; the stool somewhat retained; *pale, clay-colored fæces*, a symptom which well agrees with Dr. Cartier's observations.—Dr. M.]

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## LYCOPODIUM IN NEURALGIA OF THE FACE.

Translated from *Leipziger Pop. Z. f. Hom.*, Feb. 1, 1903.

The wife of a merchant, mother of four children and forty years old, asked me to call on her "to give her a homœopathic remedy for neuralgia of the face, if there was such a remedy, as no physician could help her, though she had consulted many." When I called on her she told me that the pain crept about in the right cheek even down into the upper lip. As she told me of her trouble tears kept gathering in her eyes. The patient was well nourished and stated that otherwise she was in good health. Outside of her gloomy mood, which was easily explained from her long-continued sufferings, I was especially struck by her pale appearance. I prescribed various remedies for her, but all without success, so that I finally gave up trying.

Some months later I had occasion to again visit the invalid, but this time I found her in bed, for she had *swollen feet* and could only walk with pain. The swelling was white, doughy and extended over the knee; the neuralgia in the face was still the same. Now, I gave her *Lycopodium* 30, in pellets, some being dissolved and taken every day, and to the great joy of the patient and her family, in a week, not only the swelling of her feet, but also the neuralgia had disappeared. A year later the ailment seemed about to return, but *Lycopodium* again helped, and this time so thoroughly that for years she has had no relapse.

That this remedy is homœopathically indicated in certain cases of facial neuralgia is manifest from its pathogenesis.

M. PRIOR.

"QUOD MEDICAMENTA NON SANANT"—INJECTIONS SANANT.\*

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, Aug., 1902.

"What a relief! What a relief!" exclaimed Mr. J. (69 years old) when I had, after considerable trouble, succeeded in freeing him from a concretion of cerumen, probably of many years' standing. The labors had been troublesome, because the tough mass was small in amount and firmly attached to the periphery of the tympanum, so that only a part of its surface could be distinguished, and it looked as if the removal of this small quantity of cerumen could hardly do much. But the exclamation of the patient proved the contrary. A week before I had executed with a like success the same manipulation on the other ear. The torments resulting from this obstruction had been great, as there had not only been hardness of hearing, but also a continual buzzing in the ear, so that the man had grown tired of life. Now he at once recovered his cheerfulness and spirits, though he had not yet recovered the full acuteness of hearing, nor, indeed, will he be likely to do so, owing to morbid processes in the middle ear. It was also of interest to me that the patient stated I had freed him from a similar ailment some years before. Nor is it, indeed, a great matter, after acquiring some practice, to attain this result; still even beyond the fact that it is difficult to reach such accretions with injections of warm water, we can not be too cautious to avoid lesions of the tympanum, which is partly exposed to the stream of the injection. The tympanum is rich in blood vessels, and we can not help causing a diffuse redness and hyperæmia through such injections. There must, therefore, be constant care, frequent interruptions and repeated inspections of the tympanum; so also the patient must be repeatedly questioned as to his sensations. He must not be *disagreeably* affected by the inspection, otherwise the process must be interrupted, sometimes even for a week. The removal of the corpus delecti may also sometimes be assisted by a previous dropping in of *Almond oil*.

\*The old Latin saying, as is well known, reads: *Quod medicamenta non sanant, ferrum* (the caustic iron) *sanat*, "*quod ferrum non sanat, ignis sanat*."

Two things may be remarked with respect to such cases:

1. Such cases cannot be cured by internal medication alone, no matter how accurate the diagnosis of the remedies. Our pathogeneses abound with ear symptoms, and make the nicest and most subtle distinctions between the different noises heard in the ear; but even the best prescriber will not be able to do without the ear syringe.

We should not allow ourselves to be deterred by the fact that the amount of ear-wax seems to be small, frequently it only *seems* to be small and is morbidly increased; we should not rest until we have effected a thorough clearance, nor until we can overlook the whole extent of the tympanum. If after this the complex of subjective symptoms, such as buzzing in the ear, hardness of hearing, etc., still continues we are justified in proceeding to internal treatment, *e. g.*, a contraction of the Eustachian tube through the process invented by Politzer, and other physico-mechanical measures.

(Would not *Mullein oil* exactly fit such cases?)

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## BOOK NOTICES.

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Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof. Dr. Carl von Noorden, senior physician to the City Hospital in Frankfurt, A. M. Authorized American edition. Part I., Obesity, the Indications for Reduction Cures. 59 pages. 50 cents. New York: E. B. Treat & Co. 1903.

This is a general treatise on the scientific treatment of obesity, in which treatment Professor von Noorden has met with singular success. The root of the matter is not reached, however, by these rapid courses of reduction treatment; it is much more important, in order to obtain permanent and lasting results, to induce the patient to follow certain sensible rules at home and to persevere in

the mode of life that is arranged to suit the peculiarities of each case and the external circumstances in which the patient happens to be living; only in this way can an increase of the fat layers be prevented and a slow but steady reduction of the excessive adiposity be attained." "Nothing can be more foolish or more senseless than to expect lasting benefits from a short course of treatment every summer in some watering place." A sensible book.

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**Historical Sketch of the Monument** erected in Washington City, under the auspices of the American Institute of Homœopathy, to the honor of Samuel Hahnemann and for the ornamentation of the National Capitol; dedicated June 21, 1900, in the presence of the President of the United States, and with the active participation of public officials, civil and military. Compiled for the Monument Committee by the Rev. B. F. Bettinger, D. D., Washington, D. C., from material collected by the late Henry M. Smith, M. D., Secretary.

So reads the title page of this elegant volume of 153 pages, printed on fine paper and profusely illustrated, and published by the Monument Committee. A copy has been presented to the twenty-five hundred or more contributors to the monument contribution. Others can get a copy by paying \$1.00. A very interesting work.

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**The Practical Treatment of Stammering and Stuttering.** By George Andrew Lewis. And a treatise on the Cultivation of the Voice with a Discussion of Principles and Suggestions for Practice. By George B. Hynson, M. A. Illustrated. 415 pages. Cloth, \$3.50. Detroit: George Andrew Lewis. 1902.

This book is the result of the labors of two teachers, specialists in their respective departments, who have been working for years in different branches of the subject of human speech. One of the writers has been occupied for many years in the study of all forms of speech defects and in effecting their cure; the other has devoted his special attention to the higher cultivation and development of voices considered normal for speech purposes. It seems to us to be a good book and full of common sense.

**Pearls of Homœopathy.** By M. E. Douglass, M. D., Associate Professor of Materia Medica; Lecturer on Dermatology and Professor of Mental and Nervous Diseases in Southern Homœopathic Medical College of Baltimore, Md.; Chairman of Bureau of Materia Medica of Maryland Homœopathic Medical Association; Author of "Characteristics of Materia Medica," "Repertory of Tongue Symptoms," "Diseases of the Skin," etc. 231 pages. Flexible, \$1.25. New York: Boericke & Runyon. 1903.

The "Pearls" are condensed Materia Medica. For instance, here is the first one in the book:

#### **Abies Canadensis.**

"Craving for meat, pickles and other coarse food; a gnawing, hungry, faint feeling in the epigastrium."

That is the whole section on *Abies can.* Not all are condensed as this, *Nitric acid* taking three and a half pages, *Aconite* two pages, and so on. In some instances it seems to us the author has missed some of the biggest pearls, as in *Pulsatilla*.

The second book of Allen, the Hand-book of Materia Medica and Therapeutics, possesses merits which, so far as the needs of the every-day practitioner of homœopathic medicine are concerned, place it at the very head of any works on homœopathic materia medica yet produced. There is absolutely no other work which can compete with it, save by the addition of remedies introduced since the publication of the "Hand-book;" and that list is so small that its practical value is insignificant. The clinical notes alone, furnished by Allen, in the "Hand-book," are of such value that it seems their publication in separate form, without comments, would be a blessing to the young physician.—*Pacific Coast Journal of Homœopathy*.

The New York *Medical Critic* announces that each subscriber to that journal will receive a free copy of the Medical Index next month (March, 1903).

The volume will contain names, place and date of publication, price, circulation and names of editor and publishers of over 600

of the principal medical publications in this country and abroad, and also the titles and authors of each article published during the year 1902, arranged according to subjects and alphabetically. When it is noted that the list is complete up to January, 1903, it should prove especially valuable in bridging over the period which has elapsed since the *index medicus* was discontinued.

Considering the expenditure of time and money in the preparation of this volume, and the liberality of the publishers in presenting it free to the profession, the enterprise marks a new era in medical journalism and merits appreciation and success.

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NAUGATUCK, CONN., February 11, 1903.

*Dear Doctor Nash:*—Firstly, I want to thank you for your "Leaders;" few books have been of as much use to me, and I am, well, I'm *not* a high potency man.

I want to tell you of a case I had a while ago.

Patient complained of persistent, severe pain under right shoulder-blade. Made thorough inspection of chest, etc.—nothing to account for it. She had been to several physicians; had taken "dope" galore, with, of course, only temporary relief. Gave her *Chelidon*. low—gave it *high*—no relief. Had a talk with Dr. Morgan, then of Waterbury. We studied up *Chenopod*. Gave *one* dose 200th. Cured patient. I'm "almost persuaded." Give us some more "Leaders," or anything.

Very truly yours,

WALTER I. BAKER.

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PUTNAM, WASH. CO., N. Y., February 12, 1903.

*Dear Dr. Bartlett:*—Your "Clinical Medicine" is a gem; the more I study it the better I like it. But I am very anxious to know when you expect to publish your companion volume to it, *e. g.*, "Therapeutics." I already possess the best works of the three schools on therapeutics and practice, but it seems to me, with this volume on "Diagnosis," an immediate companion volume on "Therapeutics" becomes an absolute necessity. Kindly let me know when I may expect to look for such a work from your pen, and with kind regards believe me,

Sincerely and fraternally,

BAILIE BROWN.

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## EDITORIAL BREVITIES.

INCREASED DEATH-RATE IN DIPHTHERIA.—“The returns of the Registrar-General show that the mortality from diphtheria instead of diminishing has actually increased since the introduction of antitoxine. According to these returns the average death-rate per million from diphtheria from England and Wales for the ten years 1881-1890 was 162, and for the ten years 1891-1900, during which period antitoxine was introduced, it was 262. It seems impossible to avoid the conclusion that this rise in the mortality from diphtheria was due to the employment of antitoxine, which, at any rate, entirely failed to prevent it. It is quite possible that the inoculation of animal matter may exercise a subtle and incalculable influence upon the human economy and may cause remote consequences of a very unfavorable character. It would be far better and safer to avoid such dangerous methods and to trust in a careful and precise observance of the laws of health, and in ordinary medical treatment when required.”—*J. H. Thornton, C. B., M. B., B. A.*

Whether this increase in death can be satisfactorily explained remains to be seen; certainly as long as it remains unexplained there is at least reasonable grounds for doubting antitoxine, and especially when compared with Homœopathy.

THE PITY OF IT.—An exchange gets off the following: “The farmers of Concord, N. H., and other places are bewailing the loss of many fine herds of cattle, done to death by the stern decree of science. We see by the *Herald*, Dec. 23, that the inspectors themselves, sent out by the Government to extirpate the foot and mouth disease, are earning comfortable salaries with

all expenses paid, while in many cases the farmer is becoming bankrupt; while the fact is, they say, that 'the cattle recover in two weeks' time and are as good as ever if properly fed, isolated and cared for. The Government inspector himself said that 98 per cent. of the total recovered. Seven of those shot had no sign of disease, were eating well, had not fallen off and did not slobber at the mouth.' All this does not tend to increase our respect for 'Science.' "

If our dumb animals could be spared old school science and given nothing but homœopathic treatment, it would mean millions of dollars saved. Before the advent of the trolley practically all the horse-car lines used nothing but homœopathic treatment. But apparently governments are helpless in the hands of the dominant school, which simply *will* not adopt the really scientific treatment.

AFTER THE GERMS?—The report is that Koch is, or was, paid \$250.00 a day for studying the germs of the cattle plague in Rhodesia, South Africa. But suppose he finds them, then what? Presumably a Hurrah! a serum!—and then a deep, long-lasting silence. If the South Africans want to *cure* the ills of their cattle let them look to Homœopathy. The Boers are practically all homœopaths and could give some good advice.

NO PLAGUE.—Says the California *Medical Journal* anent "the plague" supposed to be in San Francisco: "No two cases have occurred in the same house. No Chinaman has ever carried the disease to a white family. No epidemic has prevailed. The mortality in the so-called infected district is less than for previous years. Where then is the trouble? It is simply a case of mistaken identity by our Board of Health. The plague that you have to discover with the microscope is not worth looking for." But a case of "mistaken identity" by a "Board of Health" is often more serious in its effects than a case of disease. Not long ago a man out West, who said "he never felt better" in his life, was adjudged by a Board of Health to have the small-pox and was hustled off to the pest-house, much to his astonishment and indignation.

EXAMINING BOARDS' QUESTIONS.—"Dr. Kelly touches upon the very gist of the matter when he cites quite a number of very remarkable and perfectly useless questions which have been asked

the candidates, and failure to answer which may cost them their license to practice. Questions of this kind are vexatious in many ways. Ideas and terms are sometimes brought up which long ago became obsolete in medical literature. With questions framed upon such principles it is easy to reject perfectly well qualified men. It might be possible to reject examiners of one State if they should appear before the board of another Commonwealth. Dr. Kelly aptly states that all the questions should be selected with judicious discrimination, and especially with a view to achieve the ends for which the State medical boards are instituted, and that the examination in the fundamental branches should be confined strictly to the applied or practical aspects of these subjects. Another good point he makes is that an examination confined entirely to writing is not the surest or most effective manner of discovering a candidate's attainments."—*Dr. J. V. Shoemaker.*

CAUSE OF THE OPPOSITION TO VACCINATION. — Dr. P. H. Bryce, in *Dominion Medical Monthly*, says: "Wherein, then, lies the origin of this opposition? Primarily, I believe it lies in the simple fact that vaccination laws are compulsory. We have, in fact, no other law compelling persons to subject themselves to inoculation with a disease at a time when they are in perfect health, and when, as a matter of fact, no cases of the disease may exist in their community, nor, indeed, in their country. In the second place, the fact exists that in an occasional case unfortunate results have followed the operation, giving some reason for the objections which have been raised." And this brings up Dr. J. C. Burnett's question, namely, Being in a state of perfect health, what does the virus do? And if you ever again return to a state of "perfect health," are you not again practically an unvaccinated person?

ANOTHER CYCLE.—The *Medical Record*, February 21st, quoting *Indiana Medical Journal*, extols in the highest terms the arm to arm vaccination: "One vaccination with the human scab confers immunity during the whole of their lives." Are we to swing the circle and come back to where we started?

SMALL-POX AND TYPHOID. — Pennsylvania State Board of Health reports 940 cases of small-pox with 55 deaths. In Philadelphia for week ending February 7th there were 329 cases of typhoid with 23 deaths.

CHOLERA.—The official figures received from the Philippines give up to January 5, 1903, a total of 122,102 cases of cholera, with 77,323 deaths, a death rate of about 63 per cent. Of 150 cases among Americans 76 died, or about 50 per cent. Surely they need Homœopathy there, with its 5 and 6 per cent. death-rates and its prophylactics, which work even greater wonders. But then ‘‘scientific medicine’’ does not recognize Homœopathy, more’s the pity!

THE EFFECTS OF VACCINATION DURING A MENSTRUAL PERIOD.—H. E. Rumley Dawson describes this unusual case: The patient, a woman of twenty-nine years, was vaccinated on the second day of her menstrual period. She fainted at the operation. The flow stopped completely and did not return. Her ordinary period was six days. The vaccination locally was a success. There was practical cessation of menstruation with symptoms of a premature menopause. Five months after the vaccination she vomited two full pints of very dark-looking blood, and gastric ulcer was diagnosed. That day the menstrual flow came on profusely and lasted for six days. The diagnosis of gastric ulcer was later questioned, for she had been in good health since this period, with regular menstruation, and just after the attack of vomiting she journeyed to her home and stood the trip well. The hæmatemesis was then looked upon as due not to an ulcer, but as symptomatic of incipient menstruation. The case certainly indicates that it is not advisable to vaccinate at or during a menstrual period except under circumstances of great emergency.—*British Medical Journal* quoted by *Med. Rec.*

N. B. SARKASM.—A Boston doctor sends us this clipping from *The Traveller* with a marginal penciling ‘‘scientific medicine:’’ ‘‘If the report is true that this pre-eminent American beauty is suffering from necrosis of the bones of the nose, it is one of the saddest things that has ever come to our notice.

‘‘Possessed of remarkable charms of both face and form, with a mental development capable of enhancing these charms in a most wonderful degree, the admired of all who came within the influence of her superior grace, she seems, by an unfortunate attempt to improve upon the outlines of her almost faultless nose, to be doomed to a life-long defacement, if not to inevitable death.

‘‘The experiment was supposed to be perfectly harmless. It was simply the injection of some preparation under the skin at

the junction of the nose with the forehead to fill out a slight depression in the contour of the nose. *But the result is said to be necrosis of the bone of the nose*, which the doctors fear will produce serious consequences ”

Whether this is fake or fact deponent saith not.

MIND.—“I would not have you neglect the study of disease, or pathology, or materia medica, but I would have about ten times as much of the study of *mind* as we have now, and unless we do that—and we are doing better to-day than ten years ago—we will have more and more to face those (to us) phenomenal effects actually obtained by the Christian scientist and metaphysical healers. You can't ignore their results. In our medical colleges and societies, and among the individual members of the profession, we scarcely have even the name of the study of psychology. Why, all the psychology we have is with the soul let out, and notwithstanding our high potencies, we are materialists; and what I want to advocate and urge upon this Institute is the study of medicine from a scientific psychical standpoint, so that we will know the character of forces affecting the system, and then I think we will deserve the name, much more than we do now, of scientific physician. We will study the science of life and practice the art of medicine.—*Dr. J. D. Buck, Trans. A. J. H., 1902.*

ANTI-DIPHTHERITIC SERUM.—The *New York Medical Times*, February, says: “In view of the incontestable toxic properties of anti-diphtheritic serum it is not surprising that its use is signalized by accidents, local or general erythemas, suppuration, peripheral œdemas, etc. These troubles, often accompanied by more or less alarming general symptoms, particularly by cardiac collapse, may be delayed for several days, even to the end of the second week. Somers (Selby, England) reports cases in which syncope followed the injection of anti-diphtheritic serum at the end of two hours. This is confirmed by A. M. Saward (London) in two cases which were very alarming, and in which the patients were revived with great difficulty.”

# PERSONAL.

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Poetry, it is said, is but the ornament of thought.

Osler, of the Johns Hopkins University, speaks highly of Bartlett's *Diagnosis*.

"He wasn't on his knees when he proposed, but I was," said Madge to her girl chum.

A good many men are of the "thanks, don't care if I do" style.

No, Mary, "Wurzburger" in "the boys" song, "Down where the Wurzburger flows," is not the name of a river.

"Don't take your troubles to bed with you" is good advice, but hard to follow.

Some of the "regular" brethren are again advocating blood-letting and blistering. Oh, the whirligig!

Man asked boy if his boss would be in "after dinner" and the boy replied, "No, he went out after it."

Dr. Vondergolz affirms that Biochemistry is the power in homœopathic remedies, but what about *Lachesis*, *Pyrogenium*, etc., etc., which act brilliantly?

According to a French authority in lunacy among professional men the army officers lead, then comes artists, lawyers, doctors, clergymen and literary men, in order named.

Those who obey the "laws of health" to the letter generally have very little of it.

"Bartlett's *Diagnosis* is at hand and carefully examined. It is second to none. I have the latest works on the subject by old-school authors, but I would have missed a great deal had I not purchased this work."—H. W. Champlin, M. D., Bloomsburg, Pa.

The microscope will reveal to you the thoroughness of a trituration.

A correspondent of the *Medical World* writes vigorously against "this fool circumcision business." To circumcise a child, he affirms, is little short of criminal.

The difference, Mary, between "push" and "pull" is that the one you do yourself and the other is done for you.

A clear conscience is too great a luxury for many of us.

The man who tells us "there is room at the top" unconsciously, it may be, assumes that he is there."

**FOR SALE OR RENT.** Philadelphia physician, with thirty years' practice, will sell or rent his house with practice. An excellent opportunity. For particulars, address or apply to W. Biddle Gilman, M. D., N. E. Cor. 9th and Reed Sts., Philadelphia, Pa., between 2 and 3 P. M.

The *Clinique* of Chicago has changed its address to 2813 Cottage Grove Avenue.

# THE HOMŒOPATHIC RECORDER.

VOL. XVIII.

LANCASTER, PA., APRIL, 1903.

No. 4

## DAY-BOOKS OF PROVINGS OF PICRIC ACID.

### I.

J. O. GARMON; male; age, 32; weight, 172; height, 6 feet; sanguine temperament; reddish hair; medical student.

1875. December 23d. Took ten drops of 2x dilution at 9 A. M. In thirty minutes slight dull throbbing pain in right temple. Tingling sensation of lips. Sharp pain for an instant in region of base of coccyx.

At 10, rumbling in small intestine. 11:15. Irregular [that is, not constant] dull pain in inferior maxillary bone with beating in molar teeth. Formication over right temporal region, running up over parietal bone. Pain in right side of head, running behind the ear.

4 P. M. Fullness of abdomen. [Decidedly unusual in the patrons of Ann Arbor boarding-houses! S. A. J.] 6 P. M. Shooting pain through the left umbilical region, from before backwards; also in upper left lumbar region.

24th, 8 A. M. Twelve drops, 2x dilution. 9 A. M. Lame pain in right temple; formication as on previous day; also tingling of lips. 10:30 A. M. Disagreeable pressure as of a weight in pit of stomach; desire to belch, but with no result, seemingly powerless to do so. 12 M. Quite sharp pain under right clavicle. A disagreeable, dull headache, severest over right temple, passing around to occiput. 4 P. M. Stools shoot away in soft plugs, followed by much flatus; bowels move very easy.

25th, 9 A. M. Twenty drops of same dilution. 1:30 P. M. Sharp pain in epigastric region. During the evening same sharp pain in umbilical region. Much flatus. Urine dark red.

26th. Twenty drops 2x dilution. No marked results save

some pain in region of bladder and abdomen generally. Rumbling and much flatus. Urine dark. S. G. 10:30. Indications of sugar. The test was good with the copper solution, also by the fermentation test.\*

27th. Took sixteen drops of 2x dilution. 1:30 P. M. Quite severe pains in the region of the coccyx, bladder, rectum and umbilicus. All vague and indefinite, wandering and shooting, caused by wind in the intestines. Urine very highly colored.

28th, 9 A. M. Twenty-five drops of 2x. No marked effect save dull pain diffused throughout the head. Some pain in abdomen and neck of bladder.

29th, 9 A. M. Took thirty drops of same dilution. Up to 12:30 P. M. no marked symptoms, save headache, mostly in right side, with occasionally a shooting pain through the temples from right to left side.

Flatus, with much rumbling in abdomen. Bowels continue regular, passing easily at night and morning. Passages very quick, as if greased, followed by much wind. Stools have a strong odor, but not disagreeable; rather a sweetish smell, as of boiling sap. Quite a sharp pain about umbilicus on left side. Dull general headache.

30th, 9 A. M. Twenty-five drops of 2x. Disagreeable feeling generally; lassitude. Bowels constipated. Appetite increased until to-day. Have [now] no desire for any kind of food, though I eat as usual, but without relish. Only one difficult passage of bowels this day.

31st. Twenty drops of 2x. Very much constipated in evening; no movement of bowels. Pressing-down sensation in rectum with desire for stool, but could pass nothing. A slight dull headache.

1876, January 1st. Twenty drops of 2x. Urine highly colored. No marked pain. Generally a dull feeling.

2d. Took twenty drops of 2x. Flatus during the day and bowels regular.

## II.

J. A. BAKER; male; age, (?); medical student. (If this prover had a "temperament" he forgot to mention it.)

1875, December 22d, 9 A. M. Took ten drops of 1x dilution. In thirty minutes a dull pain in forehead and temples, worst on the right side. Head feels heavy; heat in head. Oppressive feel-

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\* Not corroborated by any other prover and doubtful. S. A. J.

ing in the epigastric region. Very hot feeling in the lower dorsal and lumbar region. Palpitation of the heart. Beating of the temporal arteries. Pulse irregular. Better in the afternoon and from motion. Worse again in the evening.

23d, 9 A. M. Ten drops of *ix*. In thirty minutes began to feel the effects of the drug. Symptoms are similar to those of yesterday, with low spirits. Increased flow of pale urine. Tired feeling.

24th, 9 A. M. Ten drops of *ix*. Symptoms are much the same as yesterday. Frequent eructations. Do not feel able to study on account of pain in the head.

25th, 9 A. M. Ten drops of *ix*. (No subsequent report.)

26th, 9 A. M. Ten drops of *ix*. Very little effect, except the increased flow of urine.

27th, 9 A. M. Took fifteen drops of *ix*. Headache the same [as to location] as on the 22d, but not quite so severe. Trembling of all the muscles. Head much worse in the evening, cannot study.

28th, 9 A. M. Ten drops of *ix*. Felt no effect until evening, when my head was somewhat affected.

29th. Fifteen drops of *ix*. (No subsequent report.)

30th. Fifteen drops of *ix*. Followed by headache with trembling, afternoon and evening.

31st. Fifteen drops of *ix*. Headache in the evening.

1876, January 1st, 9 A. M. Took fifteen drops of *ix*. No effect. 1 P. M. Took fifteen drops of *ix*. Followed by pressing headache between the temples. 6 P. M. Headache increased; urine increased in quantity.

2d, 9 A. M. Took ten drops of *ix*. Headache; palpitation of heart; beating of temporal arteries. 1 P. M. Took twenty drops of *ix*. Followed by low spirits; burning along the coronal suture. 6 P. M. Took twenty drops of *ix*. Continued headache; burning along the spine; worse from trying to study, better from motion; urine yellow in the morning and an increased quantity during the day.

3d, 9 A. M. Took twenty-five drops of *ix*. Headache, with heat in the head; rheumatic pains in the joints of the extremities. 1 P. M. Took thirty drops of *ix*. General debility. Drowsiness. Slept an hour this afternoon, after which I felt better. Great heat in right side of head. Heat in upper eyelids, with increased flow of lachrymal secretion. Very irritable. Great trembling of

the muscles. Palpitation of the heart. Beating of the temporal arteries. A sensation of jerking-drawing in the urethra. Heat in the lower dorsal and lumbar region. 6 P. M. Took thirty drops of *ix*. Urine greater in quantity to-day than before.

After I stopped taking the drug I felt head symptoms for several days, and the urine continued yellow for some time.

### III.

J. D. BAKER; male; age, 37; bilious temperament; medical student. [Brother of the preceding prover.]

1875, December 22d, 9 A. M. Took ten drops of *ix* dilution. About two hours after felt dull headache in the front and right side of head, with heat in head and upper part of body. In the evening pain in the head, with some thirst, and heat chiefly in head and upper part of body.

23d. Took ten drops of *ix*. About 11 A. M., pain in vertex, with slight fever. Urine profuse.

24th, 25th, 26th. Took ten drops of *ix*. (No subsequent report.)

27th. Took ten drops of *ix*. Urine had become scanty. Itching of body during night.

28th. Took ten drops of *ix*. Awoke 3 A. M. and found it difficult to go to sleep again.

29th. Took ten drops of *ix*. Urine dark yellow with strong odor.

30th. Took ten drops of *ix*. [No subsequent report.]

31st. Took ten drops of *ix*. Felt a numbness of the whole body, with pains as felt when taking a cold. Shooting pains in hands. Slight fever. Pain in lumbar region. Pain in right side. Eyes feel sore. Sight dim and confused. Dull headache. Could not get to sleep until two o'clock after going to bed at nine. Urine rather scanty and of a dark yellow color. Intense raising of wind.

1876, January 1st. Took no medicine to-day. Severe headache all day; aggravated on rising; better in open air. Appetite poor; disgust of food. Some thirst. Pain in back.

2d. Took ten drops of *ix*. Great thirst, with bitter taste in mouth. Pain in back continues, especially when sitting. Urine yellow and profuse.

3d and 4th. Took ten drops of *ix* each day. Thirst continues. Left hand goes to sleep; feels as if blood would stop circulating. Urine very profuse.

## IV.

E. E. ADAMS; male; age, (?); medical student. [This prover was the hardest specimen for "constitution" and *physique* of all the Ann Arbor students that participated in the proving.]

1875, December 23d, 10 A. M. Took ten drops 2x. [No report.]

24th. Took eleven drops at 8 A. M.; at noon, twelve drops; at 4 P. M., thirteen drops; at 8 P. M., fourteen drops—all of the 2x. I had a slight frontal headache, extending to the vertex, of a dull, heavy, tingling character all of the evening. Also slight colicky pains in lower part of large intestines. Appetite good and I slept well.

25th. Colicky pains are worse. Stool twice before 9 A. M.; stool consisting of gruel, slightly yellow or yellowish-gray. 8 A. M. Took fifteen drops of 2x. As the colicky pains were so disagreeable for a "Merry Christmas" I omitted taking any more until 6 P. M. I then took sixteen drops of the 2x dilution. I had had pain in the bowels all the forenoon, with very little headache. 10 P. M., took seventeen drops of 2x. Followed by the same kind of headache as usual in superior part of anterior lobes of brain. Pain in bowels less than usual. Urine normal in color, but much less in quantity than it has been for three months past

26th. At 9 o'clock took eighteen; at 12, nineteen; at 4, twenty; at 8, twenty-one drops; all of the 2x. No symptoms to-day.

27th. At 8 o'clock took twenty-two drops; at 12, twenty-three; at 4, twenty-four; at 8, twenty-five. No symptoms to-day.

28th. At 8 o'clock took twenty-six drops; at 12, twenty-seven drops; at 4, twenty-eight drops; at 8, twenty-nine drops. No symptoms to-day.

29th. No medicine and no symptoms.

30th, 8 A. M. Took ten drops of 1x. At 12, eleven drops; at 4 P. M., twelve drops. Headache in anterior and superior part of head, lasting all the evening. At 8 o'clock took thirteen drops of 1x.

31st. At 8 o'clock took fourteen drops; at 12, fifteen drops; at 4, sixteen drops; at 8, seventeen drops—all of the 1x. I have had a slight headache more or less all day, confined to the upper part of anterior and middle lobes of brain; also above the eyes. The character of the pain is dull, with an occasional shoot of pain.

Yesterday I observed a slight dryness of my eyes, and slight tingling or smarting; worse by constant use and by lamplight.

This morning there was some thick acrid matter in the corners of my eyes; worse by constant use of the eyes and by lamp-light.

1876. At 8 A. M. took eighteen drops of *ix.* This morning eyes smart and are dry. The same dried mucus in the corners. Soon after taking the medicine slight headache in top of head.

2d, 8 A. M., took nineteen drops. Headache after taking it, confined to back part of anterior and top of middle lobes of brain. Pain dull with an occasional throb. At 12 took twenty and at 4 twenty-one drops of *ix.* Head felt congested and some pain in vertex. Vertigo on stooping or bending of the head and on lying down. Scarcely any symptoms when at rest.

3d. At 1 took twenty-two drops; at 10, twenty-three drops, and at 5, twenty-four drops of *ix.* Slight pain after micturition. Headache confined to front part of head. Shoots from outside to the centre. Headache quite severe, lasting all the evening.

4th. At 8, took twenty-five drops; at 12, twenty-six drops; at 5, twenty-seven drops, and at 9, twenty-eight drops of *ix.* Supra-orbital and frontal headache more or less all day. Vertigo worse in the evening. Urine is of a milky, olive hue.

5th. At 8 A. M., took twenty-nine drops of *ix.* Not much headache in the forenoon. At noon took thirty drops of *ix.* Followed by a hearty dinner and headache more severe than in the forenoon. At 9 P. M., took thirty-two drops of *ix.* About the middle of the afternoon felt a slight dart of pain on the right side of the head. Felt a numb sensation in lower part of the sternum, a symptom I have often experienced when living in a malarious country.

6th. At 8, took thirty-three drops; at 12, thirty-four drops; at 4, thirty-five drops, and at 9, ten drops of *ix.* Had the usual headache to-day, more severe in the afternoon.

7th, 8 A. M. Took thirty-seven drops of *ix.* No headache this morning, but during the night, when I awoke, I had considerable through the upper and back part of head. Have felt the same several times during the day.

I also had a peculiar nervous symptom, which I never have except when a fever is leaving me. I felt as if I was about to be crushed by the bed-clothes.

When I was going to sleep, arms, face, tongue, and forepart of brain seemed to reach to the clouds.

At noon I took forty drops of the *ix.* Followed by more head-

ache in the vertex, and aggravated by studying and bending the head forward. Symptoms not so marked when in the open air. At 6 o'clock took fifteen drops of the 1x.

Slight headache for two days after taking the medicine.

## V.

G. A. TABER; male; age, 23; blue eyes; rather light-haired; medium stature and of spare habit; not robust.

1875, December 23d, 8 P. M. Took ten drops of 1x dilution.

24th, 10 P. M. Took ten drops of same.

25th. At 12, noon, took ten drops, also same dose at 2, and at 3 P. M.; at 4 P. M. took twenty drops. [All these doses of 1x.]

Have for years been subject to pimples on the face and neck, and on the 26th I noticed that they were markedly increased in number and size.

## V (a).

1876, January 19th. I resume the drug to-day, not having taken any since December 15, 1875. At 1 P. M. took twenty drops of 1x dilution.

20th. At 8 A. M, took twenty drops of 2x; also, several times during the day, pellets saturated with the 1x. In passing urine it keeps dribbling from me after I "get through."

21st. Took pellets of the 1x quite frequently during the day. The urine passed in the previous twenty-four hours has a heavy deposit of urates.

At 7 in the evening, while walking, a tired feeling came over me, as though I had made some great exertion. It seemed as though my strength was all gone. Legs felt heavy and I could hardly go another step. Felt unusually tired all the evening.

22d. Took pellets of the 1x repeatedly during the day. Get very tired on the least exertion. In afternoon and evening soreness in ball of big toe of left foot, which passes off with continued walking. At 6 P. M., pain in lower right occipital region as though right side of cerebellum was loose; keeps throbbing; is worse on walking, better when sitting quiet. Passed off in about an hour. Later in the evening a sharp pain in region of bladder, more on the right side, lasting only a few seconds. Pain in lower right occipital region comes on, lasting about an hour.

23d. No medicine. A feeling as though a plug were in the throat while swallowing saliva, also immediately after swallowing.

Sensation as if something were pressing gently on the bridge of

the nose. Gaping quite frequently while in church. On taking a short walk in the afternoon find I am more than usually tired.

24th. No medicine. Was dreaming constantly during the night. Dreamed I was pregnant. This is the fourth morning in succession that I have awakened with an erection.

Whilst lying down in the afternoon muscles on right side of neck felt as though they would give way. During the day could not keep my thoughts on study. I could read for a little time, then my mind seemed to be played out.

On lying down in bed at night, muscles on right side of neck felt as though they would give out and neck would be dislocated. (I was lying on my right side.)

25th. No medicine to-day. Stitch in small of back on bending forward whilst in a sitting position. In the evening, slight pain in left lung as though there would be a stitch if a deep inspiration was taken, but upon taking one there was not. Urine passed in previous twenty-four hours shows urates quite abundant.

26th. This day I took two powders of 1x trituration at separate times. In the evening, pain in the right and lower part of occiput, and, at the same time, but of shorter duration, a slight, shooting pain in right side of small of back. A sensation as though the skin was drawn tightly over the epigastrium.

27th. Two powders of same trituration at separate intervals. Could not get to sleep last night for a long time from ideas crowding upon the mind. Awoke this morning an hour earlier than usual, and dozed until time to get up (7 A. M.).

Great prostration on walking in afternoon and evening. Pain in right side and lower part of occiput, coming on about 4 P. M.; finally extends upwards over towards supra-orbital region, continuing about three hours.

28th. No medicine. In the afternoon for a few minutes pain in right and lower side of occiput.

Took no medicine on 29th and 30th, and observed no symptoms.

31st. Cold, clammy sweat of hands and feet in daytime. In the evening, great sleepiness, which was relieved by walking in the open air.

February 1st. Great prostration on walking or making the least exertion. Cold, clammy sweat of hands. In the afternoon, pain in right and lower side of occiput.

2d. Pain in back when bending forwards, extending from

scapula to lumbar region on the right side. Great prostration on walking.

3d. Cold, clammy sweat of hands in the forenoon. In the evening, heaviness of eyelids, with a little burning in the eyes. Whilst reading sight is blurred, seemingly caused by winking mucus over the pupils. Air looks smoky. Heaviness and weariness of limbs on walking a short distance.

4th. Agglutination of eyelids on waking in the morning—had to “pick my eyes open.” Throat sore on the left side. A rough, scrapy sensation on swallowing; better after eating, worse after sleep.

Conjunctivæ greatly inflamed, right eye is the worse. Hard work to keep the eyes open. Makes eyes feel sticky to read. Eyes are better from washing in cold water and in cold air; worse in warm room.

Cold, clammy sweat of feet in evening. On walking, more tired than common.

5th. Throat sore; feels rough and scrapy on swallowing; better while eating. Feeling of soreness only felt on empty deglutition.

On waking, and for an hour afterwards, eyes felt as though there were sticks in them. Inflammation of the eyes has partly subsided. Feet cold and clammy all day.

6th. Pain in lower and right side of occiput in the evening; it did not last more than half an hour. Throat all right to-day.

7th. Eyes felt all evening as though there were sticks in them.\*

Cold, clammy perspiration of feet in the evening. Pimples on face have nearly all disappeared. Discontinued observing.

#### V (b).†

1877, May 17th. At 7 P. M., and again at 9, took ten grains of 3x trituration.

18th. At 6:30 A. M., ten grains of 3x, and at 6, 8 and 9 P. M., ten-grain doses of 2x.

Observed a shooting pain proceeding from right eyeball to right side of occiput, lasting but a few seconds.

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\*Inner surface of lower lids was rough and *abraded*, not granulated.—S. A. J.

†This proving was made while we were actively engaged every day in laboratory work, close and arduous. S. A. J.

19th. At 6:45 and 9:30 A. M. took ten grains of 2x, and at 11 A. M., ten grains of 1x. Dull pain in right lower occipital region, beginning at 11:15 A. M. and lasting until 12:30 P. M. The pain came on gradually and as gradually subsided.

At 2:15, 4 and 9 P. M. took ten grains of 1x.

20th. A dull pain in cardiac region of stomach whilst eating breakfast. At 10:15 A. M. took twenty grains of 1x, and at 3 and 6 P. M., ten grains of 1x.

8 P. M., pain in right lower occipital region, lasting an hour, and at the same time a sensation as of a band pressing along the right parietal eminence.

21st, 9:15 A. M. Dull pain in right lower occipital region, which comes and goes at short intervals.

At 1 P. M. took ten, and at 4:40, twenty grains of 1x. Four or five times during the afternoon a dull pain would come in the calf of right leg, occupying a space about the size of a silver half-dollar; it would last but a few seconds, then a short interval of relief, followed by a return of the pain.

At 1 P. M. a prostrate feeling came over me while walking a short distance, which was quite unnatural for me. During the morning more frequent micturition than usual.

22d. Took thirty grains of 1x at 7:45 A. M. Pain in calf of right leg occupying the same space as yesterday; the spot feels a little sore on hard pressure. During the morning more frequent micturition than usual.

9:15 A. M. Prostration on slight exertion. At 4:15 took thirty grains of 1x.

23d. 3:30 A. M. took twenty grains of 1x. To-day eyes are markedly yellow, being stained by the acid. (The prover had established picratization by saturation. S. A. J.)

24th. At 10:15 A. M. took forty grains of 1x. Slight nausea for an hour or two after taking the drug. 11 A. M. prostration on slight exertion. I also find prostration of mind after writing for an hour.

1 P. M., pain in lower right occipital region, coming on at intervals since 11 A. M.

25th. A dull pain began in lower right occipital region at 8 A. M., and continued two hours. At 9 A. M. and at 11 took twenty grains of 1x.

26th. 10 A. M., took twenty grains of 1x.

June 3d. Dull, pressing pain in right sub-occipital region, be-

ginning about 4 P. M. and lasting until 10 P. M. Discontinued observing.

A commentary on all the day-books will appear in the next RECORDER.

S. A. J.

*Ann Arbor, February 14th.*

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### A REJECTED LETTER.

EDITOR CLEVELAND MEDICAL AND SURGICAL REPORTER.

*Dear Sir:*—The December issue of your journal contains a communication from Chief Medical Inspector, H. Spaulding, which makes statements and asks questions which I feel in duty bound to answer. He accuses me of ignorance and inexperience, prevaricating, lack of skill and observation, and asks my objections to members of boards of health, and if they are not good authority on the subject of vaccination.

As to the first accusation, I do not claim to be omniscient, but the chances are that I am older and have practiced medicine longer than my accuser, and with good success. I have held the position of Health Officer of this city at different times, and gave good satisfaction, and I did not get the big head over it either as some physicians do, and claim to be able to diagnose a case a thousand miles away better than the one who was present and treated the case, and able to tell whether statements made by one of experience are founded on facts or not.

He says that one who has been vaccinated does not and cannot take small-pox. One who will make such a statement as that is very ignorant, or his integrity should be questioned, and in either case is not qualified to hold the position of Health Officer. It is quite evident that he has read only vaccine farm advertisements, and never any literature like the reports of the Royal Commission, all of them pro-vaccinationists, and who, after seven years' investigation, rendered a report so adverse to vaccination that compulsory vaccination was repealed in England; or Dr. Charles Creighton, of England, who was employed to write the article on vaccination in the last edition of the *Encyclopædia Britannica* (which I would advise him to read), because he was considered the most able author on the subject; or such authors as Prof.

Edgar M. Crookshank, Dr. Alfred R. Wallace, Dr. Herbert Boens, Dr. F. W. Barry, Dr. A. Chauveau, Dr. Charles Ruata, Dr. E. Klein, or hundreds of other prominent authors on the subject, instead of vaccine establishments' advertisements, he would not make such a statement as above.

One prominent doctor and author, after reading it, remarks, that one who would make such a statement as that above his signature ought to be rode, as he must have long ears.

Let me present a few cases from the report of the Royal Commission for different periods, to show no period is exempt from small-pox after vaccination.

Case No. 47.—Louise T., 47 Jessop Lane, vaccinated in infancy, with three foveated marks; discrete small-pox, complicated with pneumonia, and fatal at five years of age.

Case No. 69.—Arthur M., 6 Allen street, vaccinated in infancy by public vaccinator, with four foveated marks; discrete small-pox at four years of age.

Case No. 39.—Rose J., 145 Park Road, vaccinated in infancy by public vaccinator, with three foveated marks; severe small-pox at three years of age.

Case No. 10.—Florence Ann W., 14 Mountain street, vaccinated in infancy by public vaccinator, with three plain marks; discrete small-pox at two years of age.

Case No. 6.—George E. T., 45 Canal street, vaccinated in infancy by public vaccinator, with three foveated marks; severe small-pox at one year of age.

Case No. 79.—Ernest C., 34 Furnace Hill, vaccinated in infancy by public vaccinator, with four foveated marks; mild small-pox at nine months of age.

Case No. 57.—Hedley V. H., 257 Crookesmore Road, vaccinated in infancy by private vaccinator, with three foveated marks; mild small-pox at eight months of age.

Case No. 125.—Gertrude H. M., Manton street, vaccinated by a private practitioner, with one foveated mark; fatal small-pox at three months of age.

These cases are just a few picked out to show that vaccination does not protect or make immune for any period of time. These reports come from a source which even Inspector Spaulding cannot doubt.

There are millions of cases of small-pox in those who have been vaccinated. In 1871 and 1872 there were 30,742 cases of small-

pox in Bavaria, of whom 29,429, or 95 $\frac{3}{4}$  per cent., had been vaccinated.

In 1871 there were 122,000 vaccinated persons who suffered from small-pox in England. Dr. Fraser Nicholson, of the Bromley Union Hospital, reports forty-three cases of small-pox, sixteen confluent, fourteen discrete and thirteen modified; two of the confluent cases died; all had been vaccinated and three re-vaccinated.

The Tenth Regiment of United States Troops was vaccinated nine times within a few months, and had repeated outbreaks of small-pox during that time, and during October, 1898 died at the rate of six in two days.

If Inspector Spaulding will extend his investigation beyond vaccine-farm literature, he will find much bigger game to waste his ammunition upon than my insignificant article. Such an omniscient individual might tackle the reports of the Royal Commission, and convince Parliament that the Commission was an ignorant lot of fellows and did not know a vaccine scar. But before doing so I would advise him to read Dr. Herbert Spencer's latest book.

If Chief Inspector Spaulding could see some of the letters that I have received from different sections of the country, he would not think my communication such an unmitigated nuisance, but *vice versa*.

Inspector Spaulding owes it to himself, to mankind, and especially to the citizens of Chicago, to get right on the subject of vaccination before he should be the means of a series of deaths, similar to those in Camden, Atlantic City and St. Louis, and have the accusation of the fact staring him in the face from a tombstone, as it does in Buffalo

He says that my reports are not founded on facts; who ever heard of such audacity? Who is this Spaulding anyway? I have never come across any of his writings! Every one of my statements are actual facts, and can be verified by anyone who will take the trouble to investigate. I was very particular to give the plainest of cases, as I expected some who had not investigated the subject to dispute them. I made them just as plain as words could, and no one could be in doubt about the state of affairs, except one who was trying to explain how five children, successfully vaccinated six weeks before, were not protected because they had been exposed before being vaccinated, while an eighteen-months'-old child, who was vaccinated at the same time and did not work,

was immune. His explanations show that he fully understood the conditions, but that is characteristic of most boards of health.

I did not give my diagnosis of the case, but that of the Health Officer of Tonawanda and Buffalo, although I had Dr. W. V. R. Blighton, of North Tonawanda, who has held the position of Health Officer at different times; Dr. John Hodge, of Niagara Falls, and M. R. Levenson, M. D., A. M., Ph. D., of Brooklyn, N. Y., of whom there are none better informed on the question of small-pox and vaccination, who was at the Falls treating Dr. William Hodge, who had contracted the small-pox from one of his patients, see the cases with me. The Health Physician treated the first case and vaccinated the rest of the family, and it had six weeks' time to get in its work before the rest of the family came down with the disease, and the only one that did not have it was the child, eighteen months old, upon whom the vaccination did not take, and she was locked up in a small house, with only six small rooms, until eight cases had run their course.

The first one to have the small-pox here had been vaccinated, and has a foveated scar. Dr. William Hodge had also been vaccinated with success, and he had confluent small-pox.

As to the Vaisey family, if one doubting any part of my report will write to Dr. E. H. Wolcott, Rochester, N. Y., they will receive a full statement of the case.

Inspector Spaulding shows his superficial knowledge of vaccination when he attempts to show what constitutes vaccination. He says most persons, including some doctors, mistake an attempt at vaccination for vaccination itself; that a patient's word, that he is vaccinated, is utterly unreliable, because a patient usually mistakes an attempt at vaccination for vaccination itself, and insists he is vaccinated when *no scar is present*. If Inspector Spaulding would listen to those that talk like that, and whose opinion and intelligence he holds in such utter contempt, he might learn something to his advantage, for they are correct in their statements. Dunglison's Medical Dictionary says, under vaccination: An operation which consists in inserting the vaccine virus under the cuticle *so that it may enter the absorbents*. So those persons were vaccinated whether it worked or not; the inflammation and supuration are the effect of vaccination, instead of vaccination itself.

I presume Inspector Spaulding would not call a blow in the mouth a blow, unless it knocked out some of the teeth and left a scar.

He asks my objections to members of the Board of Health, and if being such, disqualified them on the question of vaccination. I answer, most emphatically, yes; I would as soon ask Satan if Hades was a pleasant place in which to reside. They are biased upon the question before they could get there, and the revenue derived is a great impetus to have the practice continued. It is a perfect example of "Walk into my parlor," says the spider to the fly. To vaccinate Chicago would cost about one million dollars, which is so manipulated as to have the greatest bulk deposited in the pockets of the Board of Health, and their friends.

Remove the revenue from all sources and make the physician responsible for all damages sustained, and the practice would die out in five years. I consider all those who receive a revenue from the practice as biased in its favor, and unqualified to express an unbiased opinion; that is why I would prefer to hear from those not connected with the Board of Health or vaccine establishments. But if there are any pro-vaccinationists who would like to discuss the question in a gentlemanly and professional way I would like to do so.

*Tonawanda, N. Y.*

DR. J. R. SIMSON.

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(The origin of this controversy was the following letter from Dr. Simson in the *Dunkirk Herald*, which we publish by request. *Editor of Homœopathic Recorder.*)

EDITOR DUNKIRK HERALD:—Recently a copy of your excellent paper was handed to me by a friend, which contained a splendid article by Dr. J. Hodge, of Niagara Falls, on vaccination. Allow me to congratulate you and *The Herald* for being on the right side of the question and not afraid to expose the fraud to the public. Most papers are subservient to the Boards of Health and vaccine propagators, therefore the public seldom hears but one side of the question and that is the side that is very remunerative to certain individuals, who are trying to have laws passed making vaccination compulsory whenever the Health Physician says so, with a fine of from \$50 to \$100, with thirty days imprisonment, for refusing to obey the order. Such a law passed the State Senate last winter without a dissenting vote, but died in the Assembly on account of work of the New York Anti-Vaccination League. Although it was defeated the last session of the Legislature, there are those who are ever on the watch, ready to present the bill whenever

they find the public so indifferent, or ignorant, that they will allow it to be saddled upon them without any objections. But let the public be informed about the dangers connected with it, the inefficiency of it as a prophylaxis, the heathenish and filthiness of the practice and they would wipe it from the United States and would not be in perpetual danger of any compulsory vaccination laws. And a paper like the *Herald* that will show to the people the inconsistencies of the practice, is a real blessing to the community in which it circulates. There is not a single rational argument that can be brought forth why it should be tolerated, or countenanced at the present time. The only argument that can be brought forth, is the money there is in it. It would cost at the lowest estimate five thousand dollars to vaccinate Dunkirk, which would be a nice little sum to divide among a few doctors, perhaps if the work could be done by outside parties the Board of Health would not be so anxious to have it done.

The citizens of this city paid several thousands of dollars in 1899, on account of their faith in the fetish rite, and with what result? People's health and lives jeopardized, healthy men made sick and compelled to lose their time, and in some instances their positions, on account of it, and innocent little children made sick for months, and some sent to the hospital. One little fellow lay in the hospital for weeks in terrible agony with his arm rotting. It had to be scraped and cauterized repeatedly and his system was left in a very poor condition, with the breaking out of sores on different parts of the body a year after the poisoning by vaccination, and his left arm is atrophied at the present time.

The pastor of the Baptist church had to give up his position and had sores and tumors for nearly a year from the effect of being vaccinated.

One-fourth of the school children were very sick and it took from two to three months for them to get over the effect of vaccination, while one-tenth had scabs on their arms and elsewhere six months after being vaccinated. Two children that came under my observation began to have sores on different parts of their bodies, and some of their finger nails dropped off. All of those children had a nasty, poisonous matter inserted into their systems, which has left them in a low strumous condition, which seldom regains its former healing state, and no one can tell what the final outcome will be. Those young systems have been specially prepared for all zymotic diseases, such as consumption, cancers, eczema, erysipelas, and glandular diseases.

Still we fared much better here than they did in Camden, N. J., a year ago, for there were fourteen children killed inside of a month by vaccination, the death following so close upon the operation that the death could not be laid to any other cause.

I dare say there were numerous other deaths, which were due to vaccination indirectly, by producing pneumonia, bronchitis, erysipelas, and other diseases, which will be noticed always following in the footsteps of the vaccinator, and if there is a possibility of laying the cause of death to any other than vaccination, it is always done without any mention of the main cause, the vaccination. Even where it kills them immediately with tetanus, all kinds of excuses, that the patient was careless or that the virus was impure, or that the operation was improperly done. I dare say that nine-tenths of the laboring element of Camden have abrasions of the skin, much worse than that required by vaccination, and they receive no attention at all and they work in all kinds of dirt and grease, with no bad results, in fact it helps nature to form a scab under which the wound heals; nature's process of healing wounds. Bacteriologists claim there were no tetanus germs in the vaccine, and so the fight goes on, one faction laying the deaths to one cause, another faction to another cause, but the children are dead and it is very evident that none of them would have died if they had not been vaccinated. This is the legal "child-murder," as the Right Hon. Lord Clifton called it after hearing the report of the royal commission to investigate the effect of vaccination. It was found that in twelve years, from 1881 to 1892, nearly 8,000 children died from the effect of vaccination, about three-fourths the population of Dunkirk.

Is not that sufficient to make the firmest believer in the practice call a halt? To say nothing of the thousands who have been deformed and crippled for life. Those who die suffer the most excruciating agony. Let me repeat a mother's account of the death of her child:

"Baby gradually grew worse, her left hand was swollen as big as an orange. On Tuesday fits came on and screaming. The fits continued and she screamed so violently that she lost her voice, her little lips moved but there was no sound. She died three weeks after the vaccination."

Could any savage contrive any more cruel method to torture his victim?

I confess that I am at a loss to understand how any surgeon who believes in the teachings of septicæmia could ever give coun-

tenance to the blood-poisoning process of vaccination, or how any surgeon who believes in asepsis can deliberately pour septic material into the blood. Why one who will not perform the simplest surgical operation without precaution against septicæmia, who will not open a boil, or even vaccinate without first washing off the arm with disinfectant solutions, and wiping it off with antiseptic towels, and passing the needle through an alcohol flame before using, will put the contents of a suppurating sore in abrasions of the skin on a healthy individual, seems utterly inconsistent to me. The insertion of such septic material into a wound under any other circumstances would be followed by the most severe measures, such as cauterizing or even cutting out the parts. The lymph of a vaccine pustule contains no virtue or quality that will in any way remove the liability to contract smallpox. No one can intelligently deny that it is itself the product of decay of tissue, that is produced by the decomposition, or retrograde metamorphosis of the body. It is but a little removed from absolute rottenness. This being the fact, the insertion of such material into the living tissues of another person is a culpable act and nothing less than the contaminating and infecting of the body of that individual with filthy, loathsome, poisonous material from which he seldom if ever regains the former integrity of body, but is made liable to a variety of ailments.

Such compulsion to contract disease is an outrage, analagous in its turpitude to enforced debauchery.

The contamination of the body of a healthy person by the virus of disease, under any pretext whatever, is unphilosophical, unjustifiable, criminal. The possibilities are that he will not contract a contagious disease so long as the standard of health can be maintained, to infect him with distemper on the plea of protecting him is preposterous.

The Royal British Commission (in the home and origin of vaccination), in its exhaustive investigation of the subject, declared in unequivocal terms, that vaccination from vaccine virus gave no immunity from smallpox infection.

The American Association of Physicians, at its meeting at Indianapolis in 1896, presented a report opposing compulsory vaccination, some surgeons going so far as to arraign those who persist in demanding compulsory vaccination as premeditating murder.

We hear a great deal from vaccine propagators, pro-vaccinators, and those who do not know any better that if only PURE vaccine,

that obtained from HEALTHY calves, be used that no harm can come from it.

Here are two conditions that any logical mind can see have never existed, and never can exist, for vaccine virus itself is a product of disease. It is the cadaveric poison and decomposed material that is thrown out of the system of a diseased, feverish calf or some other animal. If a farmer should bring a calf in such a diseased condition to market to sell, the health officers would pounce upon him, and give him the full benefit of the law, for selling diseased meat, and the animal, taken from him and killed, and the carcass destroyed, for fear of spreading a malignant disease among the cattle. At the same time they advocate taking the product of that disease, and injecting it into the systems of our healthy, innocent little children, a process far more dangerous than eating it. Where is the consistency of such an act?

All bacteriologists claim that it is positively impossible to obtain pure vaccine virus, that the products of all producers contain bacteria, and micro-organisms.

It is truly remarkable, when one investigates the origin, and different sources of vaccine virus, of the credulity, and degradation of the human mind. They have fairly wallowed in corruption from the sores on different animals, to inject into the human system, and the virus from each source has its advocates; some claim the only virus that is a sure protection against small-pox is that obtained from the cowpox, others the sheep-pox or swinepox, goatpox, horsegrease, donkey grease, or numerous other sources, some of them being too filthy to even put in print, while others claim that combining them makes them more efficacious, such as the horse-grease-cow-pox, which was Jenner's favorite combination, which is obtained by inoculating a cow with the matter obtained from the sore heels of a horse. Others claim that the small-pox cowpox is the best, this is obtained by inoculating a cow with the virus of small-pox, which is the product generally used here. In fact, after looking up the different sources from which vaccine virus has been obtained, and each has its advocates, one comes to the conclusion that the pus from any old sore will do.

Let the people become informed about the filthiness, the brutishness, the dangers following the practice, and the inefficiency of it as a preventive against small-pox and vaccination will have to go.

DR. J. R. SIMSON,  
Tonawanda, N. Y.

## CLINICAL NOTES AND RECORDS OF THE BIO-CHEMICAL AND CELLULAR THERAPEUTIC TREATMENT.

By Eric Vondergoltz, M. D.

The daily and exclusive use of the tissue-salts according to the rule of the late Dr. Schüssler, for the last six years, certainly gives one the right to publish the results.

Surgical, and especially obstetrical, operations (so far as possible aseptical ones) are put immediately under the biochemic regimen. The trituration, either as powder, salve or solution, is applied, if necessary, locally, with the internal use of the same indicated remedy, only that the local application will be 1x-3x, while the internally used remedy, with few exceptions, will be 12x, corresponding to the actual proportion in the organisms.

The choice of the remedy depends on the general constitution, which means that the indicated remedy will be the expected one, like *Ferr. phos.*, etc., if the patient under operation will be found in perfect health; otherwise the remedy will be far differently selected, on constitutionality, facial-diagnosis, etc. . . . As an example, I must refer to an accident to a diabetical patient, who suffered from burns in the second degree from a gas explosion.

The burns on arms and face giving here a bad prognosis, especially with an increase of sugar in the urine, beginning with comatosis, headaches, healed quickly under general amelioration of every other symptom of the diabetes by the local and internal *Natrum sulphuricum*, after having neither ameliorated the burns dosage of nor abated the pains by the indicated *Kali mur.*

This observation has not been a single one, as I had other such cases since. Where formerly I half and half suspected shortcomings of Schüssler's therapy in such cases, I abstracted now from such observations the following rule: "*In certain cases the selection of the remedy depends on the predominating cell-salt deficit, even if seemingly diametrically opposed to a priori existing demands.*" But here must be remarked that in extremes, exactly as in the homœopathic school, as represented by Dr. von Grauvogl, for the moment stimulating remedies, etc., must be administered till the most imminent danger has passed.

Regarding doses and repetition of same, as also potencies, I have found the following rules efficient:

1. The best and universal potency in the adult will be 12x.
2. Children will respond best to 30x, five grains.
3. Chronic diseases will show best results on the 30th or 200th centesimal in about ten grain doses at long intervals.
4. Mental diseases will correspond best to the 30x.
5. The repetition of the single dose depends on the case.

The clinical observations may be described as follows:

1. Sexual (female) excitement cured by local application of *Kali phos.*, *Ferr. phos.*, *Magn. phos.*
2. Puerperal fever cured by *Kali mur.*, according to the vaginal discharge.
3. Obstructive intestinalis in puerpero, of eleven days' duration (treated by fourteen physicians and two hospital professors, claiming that only an abdominal operation, laparotomy, would possibly save the patient) was successfully relieved of obstruction by two doses of *Magnesia phos.* 1x, and so cured.

The fourteen physicians and their two professors left the question open—if invagination, volvulus or perhaps ileus paralyticus were existing—as the enormous tympanitis was preventing any attempt of diagnosis.

4. In cases of recurring attacks of subacute (chronic) appendicitis generally *Kali mur.* will effect a permanent cure if given for 10 to 14 days.

5. Metrorrhagia in young girls without any anatomical cause will be cured by *Kali phos.* in most cases.

6. Molimina menstrualia has been cured in toto; the remedies must be selected according to facial-diagnosis.

7. Metritis, endometritis, etc., must be treated according to rules of inflammation, etc., also oöphoritis, salpingitis; if not, special lesions are indicating unquestionably the surgical interference; and here the utmost caution must prevail, as cures also here are often diametrically opposed to the off-hand opinions of the great gynecological surgeons.

8. Tubercular ostitis, with fistulous openings, in children will easily correspond to *Silica* 12x, internally and also externally.

9. Calculus in the right kidney and ureter cured by *Silica*.

10. Pro-tatitits in old men cured by *Calc. phos.*

11. Phthisis pulmonum incipiens cured by *Calc. phos.*

12. Rheumatisms of the joints, *Calc. phos.* and *Silica*.
13. Colitis catarrhalis in a woman forty years of age, in a very chronic (over four years) and neglected state, *Kali mur.*
14. Hepatitis chronica cured in three weeks with the following remedies: *Natr. mur.*, *Kali sulph.*, *Magn. phos.*
15. Hydrocele in a boy of five years cured, *Calc. phos.* and *Magn. mur.*
16. General eczema of the whole face, *Natr. mur.* and *Kali sulph.*
17. Arthritis gonorrhœica acuta cured in eight days with *Natr. phos.* 12x, ten grains every three hours.
18. Headaches of years' standing cured in eight days permanently with *Magn. phos.* 12, ten grains three times a day.
19. Rhachitis in a woman of twenty-two years cured, *Calc. phos.*
20. Rheumatismus muscularis, *Kali sulph.*
21. Strangury after long allopathic treatment cured in few days by *Calc. phos.* 12x, ten grains t. i. d.
22. Acute inflammation and hard swelling, with pains of left cheek, so unable to open the mouth. Patient, unable to find any help, was recommended to me; cured in forty-eight hours of all pain and inflammation. *Kali mur.* 3x and *Calc. fluor.* 3x, changing every two hours, forty grains of each dissolved separately in sixteen teaspoonfuls of cold water. Pains were relieved about five minutes after first teaspoonful of *Kali mur.*
23. Pruritus abdominalis, man of twenty-two years, cured, *Calc. phos.* 12x.
24. Anæmia and catarrh, bronchial catarrh, *Natr. mur.* 30x.
25. Gastritis in a girl of seventeen years, *Natr. mur.* 12x.
26. Asthma cured according to symptoms; most used remedies, *Kali sulph.*, *Kali phos.* and *Silica*.
27. Rubeolæ, with suppression of all urine secretion for thirty-six hours, in a boy of three years, with excessive high fever, and later blood in the urine (method of detection after Almén—*Guaiacum* and *Oil of Turpentine*), cured by *Kali phos.* 2x.
28. Sexual impotence in men, *Kali phos.* and *Natr. phos.*
29. Diabetes mellitus, *Natr. sulph.* and *Kali phos.*
30. Influenza, *Natr. sulph.*, *Kali phos.*, *Natr. arsen.*
31. Jaundice, liver complaints, *Natr. sulph.* 12x.
32. Nymphomania, *Calc. phos.* 30x.
33. Masturbation, *Calc. phos.* 12x.

34. Rheumatismus articul., chronic, in a boy of six years, former allopathic treatment, cured fully, *Kali phos.* 12x.

The most of these thirty-four enumerations, which could be amplified many times, are generally recognized as incurable ailments.

In the following exhaustive histories the treatment will be found step by step, also the application of my additional remedies, if called for:

1. Mrs. M., thirty-one years old; two children, last child three years old; suffering since last confinement. Dispensary for nearly one year without any result.

*Complaints.*—Excruciating pains, regularly returning at the menses; pains also during her working around the house; the nature of the pains is crampy. Patient also complains of fever and chronic constipation. The pains are located in the whole abdomen below the navel.

*Examination.*—Oöphoritis and parametritis dextra, enlargement of the uterus, retroflexio uteri. (The head physician in the gynecological department of the dispensary had told her finally that some operation was necessary(?).)

*Treatment.*—1901, Oct. 4th. *Calc. phos.* 12x and *Natr. mur.* 12x; according to symptoms, eventually *Magn. phos.* 12x for the pains, as patient was worse immediately before her menses.

*Oct. 18th.* Patient feels better; menses without pain; did not need *Magn. phos.*; only slight pains after exertion. Same medicine.

*Oct. 25th.* Continues to feel well, had even no pains after exertion. Same medication.

*Nov. 1st.* Feels splendid (her own expression). Same medicine.

*Nov. 8th.* Well. *Sac. lac.*

*Nov. 15th.* Feels better from day to day; had returned to the office on account of beginning constipation. *Calc. phos.* 200, one dose, and *Sac. lac.* pellets.

*Nov. 22d.* Feels well; good passages.

*Dec. 6th.* Had a cold, and later on continuous cramps in the abdomen; slight general hardness of abdomen. *Plumbum phosphoric* 12x.

*Dec. 20th.* Felt well the whole time; had slight pains only after a hard day's work.

1902, *March 22d.* Patient came to be examined, as she considers

herself pregnant since about February 10th, her last menses. Patient is pregnant. Mrs. M. is surprised to feel so well.

The parametric hardening and swelling, as found during the first examination, have gradually disappeared.

2. Miss T. T., thirty-four years old.

*Symptoms.*—Great tenderness over both ovarian regions; abdomen sensitive to touch, feels bloated and swollen at times; sharp pressing pains on the right side, between ovary and uterus, in a downward direction; constant nervousness, with headaches, backache, sleeplessness and great sexual irritation, especially at the menses. Patient suffered with the menstruation since her fifteenth year, the attacks, like convulsions, ending in unconsciousness of shorter or longer duration, with following aggravated headaches and debility for days. Patient had been nearly constantly under treatment. A great gynecologist finally, in a consultation, had told her that the only hope for possible cure would be a complete extirpation of ovaries and uterus, as all pelvic organs were in a hopeless state of chronic inflammation.

*Examination.*—All pelvic organs formed a hard and very painful mass, so that a discrimination was impossible; it was revealed besides that patient had hyperæsthesia vulvæ et vaginæ, enlargement of perfectly free clitoris

*Treatment.*—1901, Sept. 25th. Patient made the impression of *Calc. phos.* 12x.

Oct. 2d. Feels improved, less sensuality, *Calc. phos.*

Oct. 8th. Feels better, expects the menses, *Calc. phos.*

Oct. 15th. Menses; feels well.

Oct. 25th. Again *Calc. phos.* symptoms.

Oct. 28th. Sudden aggravation, had to change to *Kali sulph.*

Nov. 12th. Patient feels the menses coming; feels miserable, more excited than ever, *Zinc. phos.* 12x, few powders.

Nov. 17th. Felt much relieved, *Sacch. lact.*

Nov. 21st. Menses painful, but improved against former ones; as patient was more or less a picture of *Calc. phos.*, I gave *Sac. lac.* pellets and one dose of *Calc. phos.* 200th

Dec. 8th. Patient had never felt so well, and only because she began to feel uneasy she came to the office. *Sac. lac.* pellets again and one dose of *Calc. phos.* 200th. During the whole time, September 25th to December 8th, patient has felt, even with the relapse, November 12th–21st, a general improvement against former times, where nothing but the hypodermic needle would help

*Dec. 25th.* I had not seen Miss T. T. for some time, but I received a letter, which runs in part as follows: "I shall not be able to come to you before the latter part of this week. For the very first time in my life I am ill exactly on time and almost free from pains. . . . You cannot guess how much I thank you."

*1902, January 1st.* I was called suddenly to see Miss T. on account of cramps, *Magn. phos.* 1x.

*Jan. 2d.* Patient was in my office; felt better; claims those pains to be the result of a cold; *Sac. lac.*

*Jan. 24th.* Had a fall; great tenderness of the whole abdomen; I prescribed *Kali iodat.* 12x to prevent a possible return and aggravation of the inflammation.

*Jan. 25th.* Great improvement.

*Jan. 28th.* One dose of *Calc. phos.* 200th again.

*March 12th.* Patient perfectly well, *Calc. phos.* 200th.

*June 2d.* Last visit; fully cured.

3. APPENDICITIS.—S. S., nine years old, treated by different allopathic physicians, concurring in the necessity of an operation.

*Examination.*—Had a pulse of 120 and temperature of 102.5°; pains of a spasmodic nature; abdomen with characteristic hardness of the rectum; constipation and a gray-white tongue.

*Treatment.*—1899, *Nov. 6th.* According to symptoms, *Kali mur.* 6x.

*Nov. 7th.* Pulse, 100; temperature, 100°; other symptoms the same, *Kali mur.*

*Nov. 8th.* Pulse, 80; temperature, 100°; *Kali mur.*

*Nov. 9th.* Pulse, 80; temperature, 100°; cramps worse, *Kali mur.* and *Magn. phos.*

*Nov. 10th.* Cramps had ceased after the first dose of *Magn. phos.*; clysmas of pure water and glycerine; *Magn. phos.* every three hours.

*Nov. 11th.* Pains again, but less; same medication.

*Nov. 11th,* 3 P. M. Tongue spread as with mustard, *Kali phos.*

*Nov. 12th.* Pains all gone; tongue clean; pulse, 100; temperature, 98.5°; *Kali phos.* every three hours.

*Nov. 13th.* Patient had a free passage by herself; one dose of *Kali phos.*

*Nov. 14th-17th.* Patient rapidly improving.

*Nov. 18th.* First move; consistent nourishment.

*Nov. 19th.* Last visit; cured.

N. B. 1902 October 21st. As it is claimed that a medical cure

could not possibly give a permanent result, I especially must remark that this case, like many others, has so far had no relapse.

As this case, like many others of mine, and especially all those given here, have been seen and examined by many physicians, an error in diagnosis must be excluded, much-used way to doubt the correction of the diagnosis in claimed cures.

4. I. F., thirty-nine years old; chronic bronchitis, fever.

*History.*—Two years ago was suffering from a severe cold; had coughed the whole time and had lost constantly, finally got so weak that he was unable to work; more or less constantly feverish.

*Examination.*—Emaciated body; pulse, 120; temperature of 102°; sputum copious, greenish, lumpy, bitter, nauseating taste, partly foamy; rattling all over the lungs, dullness on the lower border of the right side, also in the apices; constipation; headaches; purulent, sanious ear-discharge (left); formerly 150 pounds, now reduced to 119 pounds; roofer by trade; had been given up by all his former physicians as in the last stage of consumption.

*Treatment.*—1901, Aug. 3d. According to presenting symptoms, *Natr. sulph.* 12x, ten grains every two hours.

Aug. 10th. Great amelioration; feels well the whole day; complains of heat, etc., only in the evening, *Kali sulph.*

Aug. 17th. Improved; same medication, *Kali sulph.*

Aug. 24th. Feels better and stronger, has gained three pounds; evening aggravation fully gone; to improve this anæmia, *Calc. phos.* and *Natr. mur.*

Sept. 1st. Patient improving; weighs now 124 pounds, *Calc. phos.* and *Natr. mur.*

Sept. 12th. Further improvement; weight, 127 pounds, *Calc. phos.* and *Natr. mur.*

Oct. 9th. Continues to feel well; weight, 129 pounds, *Calc. phos.* and *Natr. mur.*

Oct. 25th. Patient much affected by sudden death of one child—malignant diphtheria—*Calc. phos.* and *Natr. mur.*

Nov. 6th. Patient listless; lost two pounds (127), *Silica.*

Nov. 21st. Grows worse; weight, 120 pounds, *Ars. ind.* and *Natr. mur.*

Nov. 30th. Improved again; greenish sputum, *Natr. sulph.*

Dec. 13th. Further improvement, *Natr. sulph.*

1902, Jan. 10th. Feels well again; weight, 137 pounds, placebo.

Jan. 26th. Sent another patient; feels himself cured and is working again as roofer.

July 2d. Mr. F. was in my office, looks well and weighs 140 pounds; no sign of any phthisis.

Those histories are, of my records, perhaps the most instructive ones. I do not add more so that I shall not fatigue the reader.

I have several times used the term "facial-diagnosis," and will add that which I have found out in my practice so far.

Without going into details I can give only the general character, as I am afraid to be misleading in my descriptions.

*The Phosphates.*—All phosphates have the common sign of irritable nervousness, debilitated vitality, anxiety and depression, with excitability; quick emaciation; hollow eyes. In the excitement the face will show sharp demarkation of the red hue against the other paleness.

*The Sulphates.*—The organism is of a coarser grain. The exhalation of the body is disagreeable. The face is pale; the neck seems too weak to carry the head.

*The Chlorides.*—Alabaster-white face and body, *Calc. fluorica*. Livid face, oily skin, yellowish, *Natr. muriat.* Scrofulous face, swollen glands, *Kali muriat.*

*Silica* (chemically in certain relation to the sulphates, but otherwise occupying an isolated position) shows a pale complexion, with more or less scrofulous attributes, but differentiating from the picture of *Kali muriaticum*.

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## A REMARKABLE HELODERMA HORRIDUS CASE.

By Dr. A. Rindler.

Hoping it will be of interest to the profession to learn something of the astonishing power of *Heloderma horridus*, I relate the following cases:

I was called in a great hurry on January 5, 1903, in the evening to see a child 13 months old. The child looked no older than one of 5 months and was about as skinny as a child could be. When I arrived it was lying on its mother's lap, who cried out: "You have come too late!" The child's legs and hands were cold, though the body was slightly warm, breath had apparently ceased and on lifting the eye-lids found the eyes turned up and the lids

did not close again, while the limbs hung limp as rags. The mother, as well as those present, could not give me any symptoms beyond general weakness, and supposed the child had only to become cold to be dead. While looking at the case, what I had read in various numbers of the *Homœopathic Recorder* concerning *Heloderma horridus* came to my mind. I got some water and dissolved 15 pellets of *Heloderma 200x* in it and then opening the child's mouth with my fingers, it was clinched, administered a teaspoonful, or at least put it in the mouth.

The grandmother of the child said: "Do you think it is of any use to give this child anything? The child is dead and needs only to get cold!" I made no reply but watched my little patient for about ten minutes, but no sign of life was visible. It happened then that one of the other children cried out near the supposed dead child, and to the amazement of all it opened its eyes, its senses came back and in half an hour the child was saved. I continued the *Heloderma* for four days, when the child was out of danger. From this time on, the child picked up and it is getting strong and fat. In three other cases this wonderful medicine apparently brought the dying back to life; two were old persons and the other a child. *Heloderma 200x B & T.* was used in all cases.

*Davenport, Iowa, March 6, 1903.*

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## CAN TRUE TYPHOID FEVER BE ABORTED?

This question must again come to the front, not only as a question of immense interest and importance in itself, but as bearing on the therapeutical powers of *Baptisia*. For the information of the younger generation of homœopathic doctors we may sketch the evolution of opinion on the subject, and as perhaps refreshing the memory of our senior colleagues. *Baptisia* was first brought to the notice of our school in 1857, when from the United States, where the plant grows, reports came of its remarkable curative power in typhoid, gastric, and other forms of fever. On the strength of these statements, and of provings of the drug carried out carefully by several American physicians, provings which developed such a species of fever with marked involvement of the gastro-intestinal tract, and prostration, as to render its homœopathicity to the well-known symptoms of typhoid as clear as possible, a number of cases of typhoid were treated in this country

and in America most successfully. Not only was it found that the drug so modified the disease that it ran its course into a comparatively, or rather markedly, mild form, but quite a number of cases which appeared to be examples of true typhoid were cut short or aborted, the fever and its concomitant symptoms subsiding in about half the usual time of the ordinary course of the disease, and sometimes even earlier. In short, it seemed to be proved that in baptisia our school had a remedy which could actually accomplish the feat of aborting true typhoid. Of course, a considerable number of cases occurred where (though under baptisia the severity of the illness was much mitigated) the disease yet ran its normal course in duration. In 1872, at the Annual Homœopathic Congress at York, our late lamented colleague, Dr. Hughes, read an interesting paper on "The place and value of Baptisia in Typhoid Fever," going over all the details of the cases recorded up to that time of its use in this disease, analyzing them, and coming to the conclusion that baptisia was of great value in cases of typhoid fever in general, and also that, in his opinion, from all the evidence, it had the power of actually cutting short the fever and bringing about the convalescence in about half the usual time. Into these details we have not space to enter here, but we refer our readers to the paper, which will be found in the *Monthly Homœopathic Review* for 1872, and it is well worth studying. Other cases were recorded of similar results subsequently.

But after a time the orthodox view that typhoid fever, being produced by a specific poison, and having a definite and well-known course and duration, could not be true typhoid otherwise, seem to have laid hold on Dr. Hughes' mind and that of many others of our school. The result of this change of view, which seemed to many to be the true and scientific view to take, was that the cases recorded as those of typhoid, and which, clinically, were indistinguishable from the true disease, could not, after all, have been so and were cases of some other fever—not typhoid—and which were put down a "gastric." This view has been practically accepted by the majority, and the interesting and important question of whether true typhoid can be aborted by baptisia has for long ceased to be mooted. But those of us who *saw* cases of unmistakable typhoid cut short by baptisia have never been convinced that they were not correct in their observations, and consequently they still believe that typhoid can actually be aborted by baptisia. It is, of course, very difficult to *prove* that a case having

all the symptoms of typhoid, and which would certainly have been diagnosed as such by any physician seeing the case, but which got well in half the time, the temperature falling in some marked cases as early as the eighth or ninth day, was really a case of true typhoid; and so those accepting orthodox views simply take the position which our opponents of the old school are so fond of assuming, and say, "It can't be true, therefore it is not." It is not argued by the supporters of the abortive belief that baptisia is such a specific in typhoid as to abort all cases; we know it is not, and it was never maintained that it is. But the point they hold to, the moot point, is that in a certain number of cases it *has* the power to abort the disease, and does do so. A large amount of negative evidence is not of any value as against even comparatively few cases of positive evidence, and yet orthodox views are allowed to ignore such positive evidence, and put down such cases as examples of some other fever, whatever they are called—"gastric" or otherwise, but not typhoid.

It is curious that Dr. Hughes, after changing his views, and in his last work, "The Principles and Practice of Homœopathy," just finished before his lamented death, after discussing the question and stating his conclusions, should put a footnote as follows: "In vol. xxvi, *Monthly Homœopathic Review*, at p. 203, Dr. Dyce Brown relates three cases of unmistakable typhoid in which, under baptisia, the temperature became normal between the eighth and thirteenth day. In two a relapse, readily accounted for, occurred, and then the fever ran its course; but in the third there was no subsequent elevation of temperature" (p. 235). These three cases, which even Dr. Hughes admits were "unmistakable" cases of typhoid, and in which every one must agree with him, he calmly sets aside, as they will not tally with his views, even three "unmistakable" cases prove the point, namely, that true typhoid can be aborted and that baptisia can do it. Cases of failure to abort the disease simply prove that baptisia is not, what no one asserts, a specific for cases of typhoid and, that the cases where the disease was aborted are the exception and not the rule. But that is not the question, which is, "Can typhoid be aborted at all?" And we suggest that it can, with the evidence of even three cases only. Our resting the claim on only three cases is for the sake of argument, but other cases have occurred and been recorded.—*Monthly Homœopathic Review*, London, March, 1903.

## LETTER FROM DR. VONDERGOLTZ.

To the Editor of the *Homœopathic Recorder*,

DEAR SIR:—In the personal remarks of your valuable paper, March 15th, 1903, the following passus can be found: “*Dr. Vondergoltz affirms that Biochemistry is the power in homœopathic remedies, but what about Lachesis, Pyrogenium, etc., which act brilliantly?*”

The personal remark shows a more than passing interest, which I cannot let go without the following commentarium:

1. So far as I know, no chemical analysis exists of those remedies regarding their composition—therefore, their allies will take their place *vide* T. F. Allen's *Handbook*—I refer to *Sepia* and *Natr. mur.* in my essay.

2. The brilliant action of those two named remedies does not contain any proof against my claim,—as those two brilliant remedial forces of comparatively recent date in all their usefulness did not close or fill out any gap in the homœopathic treatment, as certainly Hahnemann and his classic corona, so foremost v. Boeninghausen and later their great follower in Germany, v. Grauvogl without those named remedies have cured many cases—nowadays the special field nearly exclusively for *Lachesis* and *Pyrogenium*!

3. Even if the Biochemical idea could be wrong, those facts, that especially v. Grauvogl in his *Textbook of Homœopathy*, describes such brilliant cures in Typhus, all sorts of blood diseases, etc., without *Lachesis* and *Pyrogenium* show, that Biochemistry in its greater extension at least causes an abbreviation of the list of remedies—the original aim of old Dr. Schüssler, before having recognized the true meaning of his cellsalts!

4. Therefore as shown, from Hahnemann down to v. Grauvogl a special gap and desideratum has not existed in the *Materia Medica* for those two remedies in their special domain of action, such remedies as *Lachesis*, *Pyrogenium*, etc., cannot and will not bring Biochemistry from its position—to be really the corner-stone, on which homœopathy unknowingly has been founded and built up; *vide* the chemical analysis of *Phytolacca*, *China*, *Colocynth*, etc. This fact does not take any fame or merit from Hahnemann and Homœopathy.

5. In Biochemistry we finally have an answer, and in a most

natural manner, to the allied working of heterogeneous drugs: *Belladonna* and *Silica*; *Rhus tox* and *Kali phos.*, etc.

And last but not least the biochemical and further the cellular therapeutical idea will explain most easily the law of the similitum the working of the drug, the potency.

Yours very truly,

ERIC VONDERGOLTZ, M. D.

*New York*, 247 East 72d St.

### WANTS ADVICE.

*To the Honorable Homœopathic Physicians.*

*Dear Doctors* :—I am taking the liberty in favor of the homœopathic practice to pray for medical advice of the profession in the case of a gentleman suffering from ozæna, orchitis and impotence. This gentleman is 49 years old, has had gonorrhœa and chordee 29 years ago, chancres and one bubo in left groin 24 years ago. Married, has had 4 children. Wife and children in good health, the ozæna is not very bad, the nasal cartilages are not destroyed, no fœtid, purulent or sanious matter is discharged from nose; the symptoms and sensations at present are those of pricking, burning, gnawing, tightness of the inner and outer nose, no swelling, no stopping of nostrils, sleep good, eyes slightly affected, burning, the tip of nose extending transversely across the face, clinkers in the inner nose; whenever these are removed a few drops of blood follow; nose very dry inside, raw; watery eyes.

*Urinary and Sexual Organs.*—Violent smarting, burning pains throughout the urethra while urinating; by leaving the urine in a test-glass for some time a white flocculent mucous sediment will form on the bottom of the glass, sp. gr. 1.024–25, high colored, no gonorrhœa or gleet discharges from urethra; left testicle is affected, slightly swollen and red, slightly painful, no inconvenience in walking, weak back, now and then pain in kidneys. Whenever erection takes place and erection remains for some time, a white glairy mucus oozes out. Erection when riding, walking and while sitting still; and by amorous thoughts, feelings and intercourse; thrilling sensation through the urethra; loss of sexual desire from nocturnal emissions. Has been under several allopathic doctors; no better; consulted me three months ago, but owing to being short of medicine at present, I cannot give the

gentleman the proper treatment ; the medicine I gave him did little good. Homœopathic medicine is very scarce here now since the war; plenty of rubbish to be had, so-called homœopathic, from allopathic shops.

Trusting some kind-hearted member of the homœopathic profession will come to the rescue, and awaiting a favorable reply in THE RECORDER, I remain,

Yours faithfully,

DR. LAWSON.

*Hoopstad, Orange Free State, Africa.*

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### HEART SOUNDS.

Editor of the HOMŒOPATHIC RECORDER.

The following verse is of value to student and physician ; will you please publish it? It is the most complete resumé of heart sounds that I know of, and has been of use to me many times.

“ At apex mitral sounds are heard,  
The rest, this way I learn 'em :  
Aortic right, pulmonic left,  
Tricuspid 'neath the sternum.”

The author is Dr. Rand, of Worcester, Mass.

T. L. B.

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### NEBRASKA STATE HOMŒOPATHIC MEDICAL SOCIETY.

LINCOLN, NEB, Feb. 28, 1903.

*Editor of Homœopathic Recorder.*

It is with pleasure that I call your attention to the next meeting of our Homœopathic Society, which will take place in the parlor of the Lindell Hotel, in this city, April 29 and 30, 1903. The Allopathic Society meets here at the same time, hence we are able to secure a one and one-third fare over the railroads, on the certificate plan.

I voice the sentiments of all the officers, when I urge upon you the necessity of your presence. Come, join us, for in union there is strength.

Everything is being done to enlarge our membership, and make the next meeting a record-breaker.

There is a movement being made by, and a desire on the part of our Allopathic brethren to swallow the other societies; and I feel that this is one reason why we should strive to build up our own society, and push forward the principles so ably founded by our noble leader, Samuel Hahnemann.

If you have been invited to furnish a paper on any of the bureaus, kindly report to the chairman at once, thereby assisting the officers in getting the programs into your hands at an early date.

May I also ask you to assist the committee that was elected to revise the list of Homœopathic Physicians in the State, by checking over the enclosed list, giving correct addresses, and adding the names of any physicians you may know whose names do not appear in this list, and return the same to me at once?

I trust that I may see you at our next meeting, and may I not hope to hear from you by *return mail*?

Fraternally,

E. ARTHUR CARR.

## NONSUSCEPTIBILITY TO VACCINATION.

By Arthur E. Sweatland, M. D.,

Of Little Rock, Ark.

*To the Editor of American Medicine:*—In the past eight years I have used only fresh vaccine, the best to be procured, and the methods of application have been those of the best advocates of the process. I have endeavored to get a successful vaccination upon myself on an average of twice a year for the past eight years, not having been vaccinated in youth. Last September, while in a somewhat lowered condition physically, I was vaccinated and secured a most beautiful result. Experience in vaccinating my patients has convinced me that the physical condition of the subject has much to do with results. Even a "bad cold" will lower the vitality of the organism sufficiently to allow the vaccine to perform its work when otherwise it would not have done so. *Before ever having been successfully vaccinated I attended numerous cases of smallpox with impunity, being at those times in a robust condition.* The failures in obtaining successful vaccination are numerous, but I believe these same persons some time, either by

exposure, overwork or sickness, could be rendered susceptible to the virus. *From American Medicine, March 14, 1903.*

Why not keep *well* and avoid both variloa and vaccination?

*W. Jefferson Guernsey, M. D.*

*Frankford, Pa.*

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## OBITUARY.

### DR. DeFOREST HUNT, MARCH 10, 1903.

The death of Dr. DeForest Hunt, of No. 216 Terrace avenue, occurred yesterday, March 10, 1903, at Grand Rapids, Michigan, of cancer of the stomach. After the funeral services, which will be held this afternoon at 3:30 o'clock at the residence, the remains will be taken to Marathon, N. Y., for interment. His family is nearly prostrated with grief.

Dr. Hunt was one of the best known physicians in this city, having practiced here since 1869. He was born in the town of Maine, near Marathon, N. Y., in 1842, and was the son of Dr. Samuel M. and Mary (Havens) Hunt. His father was born in Wales, and his mother was a descendant of the Knickerbockers of New York. His early education was acquired at Binghamton and Homer, N. Y., and in 1862 he entered the University of Wisconsin, and was graduated from the homœopathic department with honors in 1864. He began the practice of medicine at Marathon, but in 1869 came to this city. For years he had offices in Sweet's hotel. He came of a long line of medical ancestors, his great-grandfather having been a surgeon of the staff of General Wolfe during the French-Canadian war, and later an eminent surgeon of the Revolutionary army. Most of Dr. Hunt's male antecedents were physicians and surgeons. His father was a prominent surgeon of the Third New York regiment.

Dr. Hunt was professor in the first homœopathic college in this city, which institution was located at Lansing. Later, when the homœopathic department was established at Ann Arbor, he was urged to become one of its professors, but would not relinquish his practice here. He was the oldest homœopathic physician in this city and was recognized as one of the best in his profession. For some time he studied in France, Germany and other European countries. The Michigan Homœopathic Society claimed

him as one of its most valuable members, as did the American Institute of Homœopathy and the Sons of the American Revolution. Many able articles on medicine, as well as on other subjects, were from his pen. He was a thirty-third degree Mason, and members of Grand Rapids Lodge, No. 34, will escort the remains to the depot this afternoon.

The deceased had been ill for the last two years, and last October relinquished his practice to Dr. Frank D. Harter.

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### STRYCHNINE VS. GLONOIN.

By A. J. Robbins, M. D., Mayville and Chautauqua, N. Y.

On January 17, boy  $3\frac{1}{2}$  years old, got hold of and disposed of 17-30 gr. *Strychnine sulphate*. Was taken with characteristic convulsions within three minutes after discovery of what he had done. I arrived about one hour from the time of first convulsion; mother had given the child milk and warm lard. I gave a teaspoonful *Sulphate of zinc* and *Apomorphine* hypodermically. Child was thirsty, so we gave him all the water he wanted, but as vomiting did not ensue I emptied the stomach with pump, with good results. But the spasms still persisted, and one hour after I got there a spasm came which threatened to be the last one. Child perfectly cyanotic, with internal strabismus of the eyes.

I prepared a hypodermic of *Glonoin* gr. 1-100, and injected to the right and a little below the umbilicus; this point was selected owing to the fact that the jerkings rendered breaking of a needle in the other locations liable. Within three minutes the spasm began to subside and within ten minutes was gone, the child stating that he was better. Occasional twitchings came on with lessened frequency for one hour, when no sign re ma ined. Child somewhat indisposed for a few days, called cranky by the father.

I do not pretend to say that the child took all of the *Strychnine* above mentioned, but he disposed of that quantity some way which we have been unable to discover, except that he took sufficient to produce the worst spasms I have ever witnessed in my twenty-five years' experience. Is it possible that *Glonoin* is our absolute physiologic antidote for *Strychnine* poisoning? If I

should ever have another case I shall administer *Glonoin* first and do my pumping afterwards.

Would like to hear from any similar cases, as it seems to me to be a very important point.

An antidote for *Morphine* was only discovered about 1891, and it may be that we may yet discover the elusive antidote for this one of the most fearful and deadly poisons known and which has taxed the skill of physicians for ages. I got the idea from the *Clinic*.—*The Alkaloidal Clinic*.

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### COMPULSORY MEDICINE.

Whither are we drifting either as a distinctive school of medicine or as a part of the medical profession, is a serious question which we must face, if we cannot answer. Gradually but certainly we are forsaking the principles bequeathed us by Hahnemann and adopting the therapeutics and palliatives of the dominant school, the chief boast of which has always been that medicine as a practice is without law and devoid of principles. Viewed from this empirical standpoint, the outlook is far from promising, the prognosis is not doubtful and the outcome—compulsory medicine—not very distant.

Compulsory vaccination, in which so many homœopaths seem to helplessly acquiesce is rapidly gaining ground, if it be not practically here, in the almost unanimous action of the school boards. Once granted it becomes the entering wedge of compulsory medicine. Accept the dogma of the schools in one vital point and resistance becomes more difficult in the future. Because our colleagues of other schools know no other preventive measures for curtailing the spread of smallpox than by using the so-called vaccine virus—a process which lowers the vitality and thus lessens the resisting power of the patient—is no reason why the homœopath should abandon his law of cure and employ the ancient rite. The law of similars is just as effective in variola as in scarlatina or pertussis. Each epidemic differs from its predecessor and calls for its corresponding similar both prophylactic and curative.

If there be any justice or reason in compulsory vaccination there certainly is far more in compulsory antitoxin as a treatment for diphtheria, if we may judge from the comparative improvement in

their mortality before and since its introduction. And what will be said if a school board in its medical wisdom should decree that no child can attend school unless rendered immune by antitoxin? And why not compulsory antitoxin if compulsory vaccination? Yet the fact remains undisputed that it has never, *in a single instance*, been proved, that the serum without the preservatives carbolic acid or trikresol has any effect whatever in diphtheria. Consult the pathogenesis of Carbolic acid and it will be readily seen where the curative powers of antitoxin exist. For those of our school who do not study their materia medica and never pretend to individualize their cases, it might make little difference.—*Medical Advance*.

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### ALL IN ONE CLASS ACCORDING TO THIS MAN.

The Philadelphia *North American* was recently sued for libel by a Pennsylvania Dutch pow-wow doctor. The suit broke down owing to the dense ignorance of the pow-wow man. Soon after there appeared in the *North American* the following letter, which is rather curious reading and suggestive of one phase of the world's thought. It opens by pointing out the fact that the pow-wow doctor was ignorant, yet many believed in him firmly, and his cures were as great as those of any scientific brother, and then continues as follows:

“A noted medical professor said to his class not long since: ‘Medicines are administered and patients recover (or die), but whether because of our medicines or in spite of them it is impossible for us to say.’ And he excused the sad fact on the plea that we have no opportunity for testing the truth. Medical practice continues to-day on the same plane of experiment as it always has been. The patient is sick; he chooses his physician, takes his medicines, and recovers or dies. If he recovers a cure is recorded and the treatment is commended; if he dies the undertaker buries him out of sight and the treatment continues to repeat its successes or failures as before.

“But the failures have been so frequent and almost invariable that prudent men began the search for safer or more successful methods. So Homœopathy sprang into existence, and after a hard fight against inborn prejudices, it has won a place in public confidence. But its failures have proved sufficiently numerous to encourage other isms, which also seem to flourish.

### Christian Science Popular.

“Christian Science is one of them, and we believe no system or ism has ever enjoyed a more prompt recognition of its merits. Only about a score of years before the public, it has outstripped all competitors in the rapidity of its development as a system of healing. We laugh at its shibboleths and fads as we did at Hahnemann’s “Similia,” and yet both of them find adherents by the thousand. The faith cure and mind cure practitioners are not few in number, and Dowie and Simpson continue their preachings and practices.

“Pow-wowing and the modern fad, “Suggestive Therapeutics,” all claim adherents. We know of an able and leading lawyer in a nearby Pennsylvania city who frequently patronizes the pow-wower, and we are equally acquainted with an educated and talented physician, graduated as an allopath, afterward became a homœopath, and now engaged in a lucrative practice in our greatest commercial city as a practitioner of ‘Suggestive Therapeutics.’ And all the isms make their cures and all of them fail, and not one of them can explain why they succeed or why they fail.

“Professor Robley Dunglison, one of the most voluminous of medical authors of the past generation, suggests the best explanation by attempting to expose Homœopathy to ridicule.

### Quotes Francis Bacon.

“He quotes Francis Bacon, who says: ‘It is constantly received and avouched that the anointing of the weapon that made the wound will heal the wound itself,’ and the success of this practice seemed to have equaled the mind-cure fads of our own times. He also reports a remarkable cure by Sir Humphrey Davy, who, undertaking to experiment with laughing-gas as a curative, was led to put a thermometer into the patient’s mouth that he might learn his temperature. When he removed the thermometer the patient said he felt better, and Davy concluded that he would repeat the doses of thermometer instead of laughing-gas, which he did for a fortnight, and the patient was cured of a severe chronic ailment, palsy.

“Why shall not a thermometer be as good as a dose of *Calomel*? Or anointing the weapon as good as a dose of *Strychnine*? Or why not any of them be as good as a homœopathic dose so diluted that Lake Erie probably does not have water enough to dilute a single drop of the tincture? And yet thoroughly capable, honest, level-

headed men, fully appreciating the apparent absurdity of the thing, know by personal experience that the results are secured.

### Meet on Common Ground.

“We believe that all these various systems meet on common ground. They all believe that they cure, and none of them pretend to be able to explain how they cure. Every problem of medical science continues to-day in obscurity as dense as Hageman’s mind. *Similia similibus curanter* is as paradoxical as Eddy’s affirmations: ‘There is no matter, no pain, no sickness, no evil, no nothing; all is good.’ And these shibboleths are just as wise, and not more so, than the old school’s dictum: ‘Mum’s the word; the less said the better; as we don’t know, we won’t say.’

“The truth in all this is that medicine occupies the same stage of development that alchemy and astrology did three hundred years ago.”

So runs this cynical letter, given prominence on the editorial page of a great daily. But statistics prove beyond the shadow of a doubt that Homœopathy is in a class by itself, if the object of medicine be to save life.

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## A CASE OF NEURALGIA SPINALIS.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allgem. Hom. Zeit.*,  
January 15, 1903.

On the 19th of November of last year I was hastily called at 9 P. M. to see a young man, seventeen years of age, whose condition had caused great anxiety to the parents who had adopted him.

I found him sitting upright in bed supported by his foster-mother; his respiration was panting, quick, hasty and interrupted, and he would catch his breath as if it was coming to an end. From time to time the patient was actually shaken by chills. He would twitch as if seized by violent pains, violent jerks and shocks as from an electric battery would run through the whole of the body, especially when he essayed to lie down. He threw himself with such force from one end of the bed to the other that the bedstead creaked and cracked. The face was reddened and covered with perspiration, but hands and feet were cold; he also complained of cold in his limbs.

An objective examination of the patient was, under such circumstances, not an easy matter. Since he had first complained of a pain in the cardiac region I first directed my attention there. The beat of the heart was tumultuous, as also the pulse, but there was nothing else the matter there. Then the pain, which was violent and lancinating, had spread to the right half of the chest and across the whole of the thorax, and lastly it had constricted itself around the waist. Since the position on the back was so troublesome, and seemed to call forth those convulsive twitchings, I felt around the cervical and thoracic vertebræ and found that even a slight touch caused a severe pain which extended from the lowest cervical vertebra up to the neck.

*Anamnesis.*—The only cause for this disquieting state that I could discover was that the patient some days before in taking a long walk had first run very fast, causing heat and perspiration, and then for a longer period he had walked slowly in company and had thus probably caught a cold. He had not felt so well after this walk; on the evening when I saw him he had eaten his supper with good appetite, and after this a severe chill appeared, after which the morbid symptoms described above had rapidly developed.

Only later I found out that the young man, who four years before had lost his parents, had gone through severe troubles, and his nutrition had been defective; so he had also been accustomed at an early age to drinking beer, whereby his naturally excitable disposition had become still more excitable. According to the statement of one of his physicians he was also said to have suffered from an epileptic attack connected with fever (?).

*Treatment.*—In view of the whole image of the disease presented, from which a morbid irritation and hyperæsthesia of the spinal marrow, and especially of its meninx in the cervical trunk plainly shone forth, *Belladonna* seemed to me the proper remedy, and as I happened to have *Atropine* 9 D. dilution at hand I dissolved six drops of it in a tumblerful of water, of which the patient was to take a teaspoonful every hour. Since his foster-parents were great admirers of hydropathy, and had already applied cold water compresses without giving any relief, I applied sheets wrung out of hot water to his chest and back. In the course of the night the threatening symptoms gradually ceased, this was after a copious general perspiration had broken out, so that the patient could sleep from one to four o'clock. But when he awoke the symptoms reappeared with a good deal of severity,

so that they again used the medicine and the hot wrappings quite regularly.

November 20. In the morning I found him more quiet; he had drunk some black tea, discharged some urine, but had had no stool for two days.

November 21st. During the day the patient did pretty well; the lower limbs were generally in a copious transpiration. There is some appetite, but this was not followed by any urine or stool. Between five and six o'clock there was again a pretty severe attack. The cervical vertebræ were still very sensitive to the touch. Since the foster-parents told me that the young man, in order to ensure his reception into the school, had much strained his head, working till ten at night, and resuming his work at five in the morning, I determined to give *Nux vomica*, with a special reference also to the retention of urine and stool; so I gave *Nux* 6, dilution, five drops dissolved in water, a dose every three hours.

November 23. The day again past well, the patient amused himself with reading. In the evening, almost at the same time, another attack, but more moderate. There was one discharge of a considerable quantity of clay-colored urine, but no stool.

November 25. On the 24th and 25th there were only slight traces of an attack. There had been a stool after the use of the fountain-syringe; but I could not find out anything as to its nature. Urine in small quantity, dark yellow. The patient is cheerful and sitting up in bed occupied with cutting out and as-sorting stamps from letters.

November 26. The sleep during the previous night had been altogether undisturbed; there is no attack nor any trace of one. The appetite is good. He took dinner with the rest of the family. Urine and stool are normal. The patient had been taking his *Nux* regularly. Since, a slight pressure on the spinous processes of the cervical vertebræ still proved painful and the young man still seemed much affected both in body and in mind, while the intermittent character of the spinal trouble, which had plainly developed into neuralgia, was manifest, I thought that a few doses of *Chin. sulphuricum* 1x were indicated as a closing medicine.

Here I would like to make a few epicritical remarks on this case, especially with respect to its diagnosis. In the beginning it might have been suspected that meningitis was setting in, but this was contra-indicated.

1. By the peculiarity of the pains, which in meningitis increase

at the least movement or even by an attempt in that direction. In this case they were, indeed, increased by a slight touch of the spinal column and even by lying on the back, but this did not abate the ability to move, but on the contrary compelled him to perform those violent jactitations in his bed.

2. The absence of the usual fever. In the periods free from pain there were no feverish symptoms observable. In his paroxysms, of course, they were not lacking; an increased irritation of the roots of the nerves and of the spinal marrow may easily cause a hyperæmia and increased activity of the heart, and an accelerated pulse.

3. There were also lacking in this case the tension and stiffness of the muscles of the back or neck, which generally accompany meningitis.

When the paroxysm was over, the movability of the body was undisturbed, and the general condition good. In considering these momenta, and the intermissions which developed ever more plainly, the diagnosis of neuralgia spinalis naturally followed. The individual predisposition of the patient may have favored the localization of the influenza-poison (the influenza began at that time to become dominant) in the spinal marrow rather than in the supra-orbital region, which it most generally occupies.

As to the occasional retention of the urine and the stools, it is hardly to be attributed to a convulsion or paresis of the sphincters. I would rather ascribe it to a lack of energy in the will.

A depressed state of the brain remained even after all the other morbid symptoms had disappeared and there had been a full recovery, so that I earnestly advised the convalescent to cease all mental work at an early hour in the evening, and by retiring early, to give the thinking organs full time for recuperation and refreshment through lengthy sleep.

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## BOOK NOTICES.

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**Harrington's Hygiene.** A Manual of Practical Hygiene for Students, Physicians and Health Officers. By Charles Harrington, M. D., Assistant Professor of Hygiene in the Medical School of Harvard University. New (2d) edition, revised and

enlarged. In one octavo volume of 755 pages, illustrated with 113 engravings and 12 full-page plates in colors and monochrome. Cloth, \$4.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The demand for a second edition of this work within a little more than a year from the appearance of the first is very satisfactory evidence of the appreciation which it has met. During the interval, research in the field of Hygiene has been active and fruitful, and the results have been incorporated in the present edition. A chapter on the Relation of Insects to Human Diseases has been added. Many of the other chapters have been entirely rewritten to present the latest knowledge, and throughout the book will be found evidence of the searching revision to which it has been subjected.

The present century brings with it the generally accepted teaching that within the field of preventive medicine lie the greatest possibilities for future success in the reduction of disease prevalence. It is, therefore, an important duty which every practitioner owes to himself and to his patients to render himself thoroughly conversant with the most up-to-date theories and practical ideas in this science. For this purpose we know of no book that is better adapted than *Harrington's Hygiene*. In its pages the subject is considered thoroughly, clearly and in its most modern aspect. The work is so comprehensive, and at the same time so admirably simple, that it serves equally the needs of student, physician, health officer and scientific sanitarian.

**Pflanzenheilkunde.** By von Ad. Alf. Michaelis. Published by Gebauer-Schwetschke in Halle a. d. Saale, Germany. Price, M. 3. 96 pages.

This work is in compact form a Therapeutics of Plants. An interesting chapter is the one on "Fruit, Berries and Honey." Going into particulars concerning the apple, it states: 1, the apple acts beneficially on the brain; 2, stimulates the liver; 3, induces, when taken regularly before retiring at night, a quiet sleep; 4, disinfects the mouth and stomach; 5, combines the acids contained in excess in the stomach; 6, counteracts hæmorrhoidal disturbances; 7, stimulates the action of the kidneys; 8, prevents calcular formations; 9, prevents troubles of digestion; 10, is a prophylactic against throat troubles.

In a similar manner it treats other fruit, etc. The book also contains a chapter on "Vegetables" and another on "Divers Plants and Herbs."

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## EDITORIAL BREVITIES.

“GILDED OBLONGS.”—“Gold bricks as such are seldom sold directly to physicians, but under other names the medical profession buys many gilded oblongs. Only occasionally is the doctor a business man in the current use of the term, and hence he falls a ready prey to the sharp promoter, who is equally ready to dicker for his little savings or for his professional good-will. Mining and industrial schemes of all sorts are laid before him as ‘good things’ or ‘ground floor’ propositions; but time proves that he was the ‘good thing’ when he strikes bed-rock on his ‘ground floor proposition.’ \* \* \* The second type of sharper works the profession along pharmaceutical lines for his own financial gain. Physicians are induced to introduce a product by prescribing it, and when a popular demand for the product is thus created, it is advertised direct to the laity, often backed by the endorsement of those who have been gulled into prescribing it.”—*Detroit Medical Journal*.

THE LONGED FOR UNION.—One of our most estimable and amiable contemporaries says: “The recent union of the evangelical churches is the true basis for the union of the schools. No church is asked to surrender its distinctive title if it desires to retain it, but all work together for a common good. That is the true fellowship; that is what is coming in medicine; that is the evidence of a brotherhood that rises above creeds, and pathies, and beliefs, that bends itself and its energies for the help of suffering humanity, each doing the best it possibly can, and each laying its trophies of experience in the laps of the united schools.”

That sounds very nice. The grand old “mother church,” Rome, works for the “common good,” which, in its eyes, right

or wrong, is becoming a good Catholic Christian. The sturdy Presbyterian—what does he work for? Be damned if you do, be damned if you don't. The Methodist, the Baptist and the others? Their view of the "common good" is to "save your soul," and to save it means to do as they say. The Unitarians? Oh, well! Now if Homœopathy is a natural law it is truth; if it isn't, it isn't. If it isn't it will mix; if it is the natural law, it will *not* mix with humbug science.

TUBERCULOSIS.—Says *Medicine*, for March: "It was a severe shock administered to those who are hoping to diminish the ravages of tuberculosis when Dr. Albert Robin, in a lecture before the Sorbonne, announced that all that has so far been accomplished in the fight against tuberculosis is in vain, and that medical science and philanthropy are on the wrong track. Robin is quoted as stating that tuberculosis, once established in the system, is incurable. Of thirty-six tuberculosis patients who leave the sanatorium, ten relapse after six months and ten after one year; only five out of thirty-six are saved. He urges a change in tactics, claiming that in France alone the necessary endowment for one hundred thousand beds would cost more than one hundred million dollars, and this would only provide for about one-fifth of the tuberculosis patients in France." The right "track" for tuberculosis, and all other diseases, is a few generations observing the simple laws of health, physical and moral, and Homœopathy. All else is vanity and vexation of spirit.

QUITE CORRECT.—An ironical correspondent sends us the following letter: "It seems to me that the symptoms of the seven cases cured by *Carduus* and published in the January number for 1903 *very closely* resemble those published in the May number of the RECORDER for *May, 1891*, the difference probably arising from the *age* of the translation, the one being an old timer and the other being modern and strictly up with the newer phraseology. Notwithstanding the *Carduus* cured them up 'sound and well.'—Not 'Jones.' "

Quite correct; the "Germans" and the RECORDER are caught in reprinting old matter. That in 1891 was by Dr. Dudgeon, and some of the cases are the same as the paper in German journal of 1902. Such is life!

A FRANK CONFESSION.—The *Charlotte Medical Journal*, for March, after giving the number of cases of small-pox, goes on to

say: "It is unfortunate that we have to contend with so much prejudice against vaccination as a preventive against this disease. It is still more unfortunate that we have to contend with bogus vaccine virus and often septic vaccine. Too much attention cannot be paid to this subject. We ought to be very rigid in our demands for pure vaccine virus and very exacting with the manufacturers of this product. It means so much to the profession and the public. We often think that it would be a good plan to go back to the idea of humanized virus and arm to arm vaccination and do away entirely with the bovine virus. The commercial virus no doubt, in a large per cent. of cases, is aseptic, and the effect is everything that we wish to be, and still there is no doubt in my mind that there still exists a per cent., entirely too large, where the virus is septic, worthless and dangerous."

THE "UNFATHOMABLE IDOL."—"The unknown god to-day is serum-therapy, and before this impossible and unfathomable idol bow the chief priests and wise men of the allopathic school. It needs no prophet to foresee that the manifest destiny of this graven image is eventually to be discarded and cast out upon the mountain junk heap of medical delusions. But who can look down the vista of the coming fifty years without a pitying eye, which sees the army of the mutilated and the slain—the multitude of men, women and children who will yet be offered up in the cause of pseudo science before the wretched, ugly Moloch of serum-therapy shall have been appeased!"—*W. J. Shrewsbury, M. D., in N. Am. Jour. of Hom. for March*

GRAPE-JUICE AND THE TYPHOID BACILLÆ.—The Chicago Board of Health, after testing the action of various fruit juices on the typhoid bacilli, state that while lime-juice, apple-juice and the juice of the grape-fruit all had a more or less inhibiting effect on the growth or action of these bacilli, bottled grape-juice gave the most conclusive results. The advantage of the grape-juice is that, while it is as nutritious and generally as easily digestible as milk, one per cent. is sufficient to affect the bacilli, a quantity so small as not to disturb the feeble digestion.

Dr. Charles Gennerich was appointed medical examiner for the Royal Arcanum. He is the only examiner of the homœopathic school in the borough of Manhattan for the Royal Arcanum.

## PERSONAL.

War, they say, is the gambling of kings.

No, Mary, we would hardly call *Æsculus hip* "equine chestnuts."

Will not *Lachesis* do all and more than is claimed for formalin in blood poisoning? It has in the past.

Have nurses a moral right to "strike?"

The man who never votes anything but the "straight ticket" makes the "boodler" possible.

May there not be something in that which we loftily term "superstition" we know not of?

Not every one in the "blue book" is of blue blood, though in a hundred years hence the fact may be made the basis of a coat of arms.

The consumption of olive oil is rapidly increasing, fortunately for the world.

He who can digest cod-liver oil is blessed with an ideal stomach.

They say any one can get fat by buying it at the butcher shop.

**FOR SALE.** My office furniture, instruments, books, homœopathic medicine worth \$500, and twenty-five years' practice. Best located office in the city of Topeka, Kansas; population, 50,000. Reason for selling is old age and wanting to retire from business. For information, address, Dr. A. Rupin, Sr., 106 E. 6th St., Topeka, Kansas.

Fine and imprisonment now for spitting on the sidewalks of Philadelphia.

The action of *Silicea* 12x and *Natrum mur.* 12x is the same, whether given biochemically or homœopathically, and what that action is no one positively knows.

Dr. Sarat Chandra Ghose has removed from Midnapore to Calcutta. He has translated Allen's *Keynotes* into Bengali.

According to Putnam, a great many cases of sudden insanity can be cured by unloading the bowels.

Dr. Geo. F. Shears, Hahnemann, Chicago, has an article in the *Cosmopolitan* for April.

"Is there a man in the house?" he whispered, and she replied "I'm afraid not."

The "trusts" are really concentrated energy and diffused ownership.

Teach and preach what your hearers want and you may lead a quiet life.

*Dogs*, a companion volume to *Cats*, is coming.

**FOR SALE.** A practice in a town of 10,000 inhabitants, 30 miles from Philadelphia. A good opening for a young man. Address, H. E., P. O. Box 921, Philadelphia, Pa.

# THE HOMŒOPATHIC RECORDER.

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VOL. XVIII.

LANCASTER, PA., MAY, 1903

No. 5

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## DAY-BOOKS OF PROVINGS OF PICRIC ACID.

Proving by J. Lance, Jr.\*

In good health; bowels regular; urine normal. Not subject to headache.

Dec. 19th. Took one powder 30th at 4 P. M. 10 P. M. Ears began to burn and look puffy, with a sensation as if worms were crawling on them. These symptoms lasted two hours.

20th, 11 A. M. Heavy throbbing pain under 10th and 11th ribs, on left side, which lasted till noon, then changed to the region of the kidneys and continued till 2 P. M., when they extended downwards into my legs, especially the left; legs felt heavy, and very weak; also great weakness in the region of the hips; legs below the knees feel very sore and tender to the touch. Severe pain in the anterior portion of the leg when touched. These symptoms lasted till 7 P. M., when they commenced to ameliorate.

Dec. 22d, 4 P. M. Took one powder 30th. 6 P. M. Muscles on left side, over 10th and 11th ribs, commenced to throb and jerk, which lasted until 11 P. M. Throbbing and jerking of muscles in different parts of the body, with severe chills and great pain between the hips of a dull, heavy, dragging character, which descended slowly to the left leg. *Legs heavy like lead*; lifted from the floor with difficulty (left leg worse); *great coldness of the*

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\* "Devoted to the introduction of new remedies, and to advancing our knowledge of the old ones." The hand that first penned this avowal of the purpose of THE HOMŒOPATHIC RECORDER is nerveless, but Boericke & Tafel live in their children and the purpose of the fathers is that of the sons. Hence this presentation of the provings of Picric Acid for the first time in their entirety: may it serve to "advance our knowledge."

*feet.* All pains relieved by sitting still, and aggravated by the least motion, and from getting up. Symptoms lasted till 11 P. M. Sleep very restless until 12. *Great Sexual desire, with emissions.*

23d. Great soreness and lameness, especially on left side, when rising in the morning, accompanied by heavy throbbing pains in the head, extending from behind the ears forward to the supra-orbital notch, and thence downward into the eye, with burning throbbing pains and dilated pupils, conjunctivitis, and lachrymation. Everything seems blurred, as if looking through a fog or a thick veil. 10 A. M. Can read only with book about 5 in. from the eyes. Great heaviness of the lids; can't keep them open. Profuse cold, clammy sweats, with great chilliness. Great weakness of legs, especially the left, which trembles. These symptoms all grew worse until after 2 P. M.

2 P. M. Severe heavy, dragging pains in the region of the kidneys and the back of the neck, extending upwards and downwards till they met between the scapulæ; veins sunken and small, especially on the left side; pupils dilated; eyes feel worse on moving them, or turning them upwards; can't collect thoughts at all, or study. All the head pains eased by bandaging the head tightly. All pains lasted till 8 P. M. Sleep restless until 12 P. M. Great sexual desire, with terrible erections; urine profuse; color normal; very hot when passed; accompanied with burning pain in urethra, which feels as if burnt.

25th, 11 A. M. One powder. 30th, 4 P. M. Terrible pains in neck and occipital region, extending forward to supra-orbital notch, and then down into the eyes, the same as before; pupils dilated; everything looks blurred; can see to read only at one point, five inches from the eye. Urine passed with burning, scalding pain. Headache lasted all night. Sleep restless until 12.

26th. Very tired, lame and weak sensation when arising from bed. Every hour in the day darting pains in various parts of the body, extending into the bones. Great heaviness of the hips and legs, lasting all day. Throat feels raw, scraped, stiff, and hot, as if burnt; throat red; collection of thick white mucus on tonsils; great difficulty in swallowing, with sensation as if throat would split open. Saliva white, frothy, and stringy; hangs in long strings to the floor. Very great thirst for cold water, which is drank in large quantities without relief. Can get the breath only half way down. Stools light-colored, and passed with much

burning and smarting in the anus, continuing an hour afterwards.

*Skin.*—Small, painful, reddish elevations like furuncles around the mouth and face; when opened they exude a thin clear serum which soon dries into a transparent scab; they then become pustular and very painful, and contain a thick, opaque pus, like condensed milk.

Jan. 9th. 1 dose; 30th. 12 M.; 9 P. M., heavy (fulness) dull pressing pain in the head, as if full of blood. Heavy pain in occipital region, extending down the neck and spine.

10 P. M. Dull, heavy, throbbing and burning pains, commencing in occiput and extending forward to supra-orbital foramen, and thence down into the eyes, which throb and feel sore to the touch. Conjunctiva injected; lachrymation; pupils dilated; have to bring objects close to the eyes to see them; seem to be looking through a veil; can see to read clearly only at one point, about five inches from the eyes; heavy, pressing, smarting and burning pains in the eyeball, relieved by pressure; heaviness of the lids; gaslight hurts the eyes; pains generally about the head, relieved by pressure.

*Great heaviness in the extremities, especially the left; legs feel heavy as if made of lead; extremities cold; sleep restless, tossing until 12, then fell into a heavy restless sleep; awoke unrefreshed; limbs feel cold and very heavy.*

Jan. 10th. Nausea, bitter eructations after breakfast; sensation as if something was in lower part of œsophagus. 12 A. M. No appetite; disgust for food; stools loose, light colored, with cutting and smarting at the anus during and after defecating. Urine light colored and profuse, burning in the urethra during and after urinating; urethra feels as if burnt.

Fever; great chilliness; can't get warm; followed by cold clammy sweat; chilliness predominates; pulse, 50; weak and small.

Aggravation between 11 A. M. and 2 P. M.

#### Proving by L. B. C.

In good health; urine normal; gives acid reaction; spec. grav. 10.20. Temperament nervous. Never had headache.

Jan. 13th, 1874, 7:30 A. M. Took one dose 30th. 11 A. M. Slight pain in supra-orbital region and in the back of the neck; dry cough, as from dust in the throat, followed by nausea.

1 P. M. Tired feeling in the limbs when going upstairs. 2 P. M. Bleeding of the nose (right nostril), with heat and congestion of the head. 3 P. M. Bleeding of the nose (right nostril).

9 P. M. Twitching of the muscles on back of left hip. 9:30 P. M. Bleeding of the nose (right nostril). Tired sensation in lumbar region and limbs when waking from sleep, 12 P. M.

Jan. 14th. Stinging and itching at the anus during and after defecation. Burning during urinating and after. Sleep sound, but unrefreshing; awoke at 6 A. M., with tired and heavy sensation in small of the back and limbs.

Jan. 15th, 10 A. M. One powder 10th. 5 P. M. A second dose of the 10th. No symptoms.

Jan. 16th. One dose 30th. 4 P. M. Dull, heavy frontal head-ache, with great heaviness and weakness in the small of the back and limbs.

Sleep restless until 11 P. M. Awoke at 6 A. M., feeling tired and unrefreshed. Legs dull, heavy, weak, and moved with difficulty.

18th, 10 A. M. 1 dose 30th. 4 P. M. Great heaviness in the arms and legs, especially the legs, on exertion; legs feel weak and heavy all the time. Very tired on going upstairs.

6 P. M. Shooting pain in the left arm at elbow, extending down the arm. 8 P. M. Severe sharp, intermitting pain in the left temple; sleep restless until about midnight. Awoke at 6 A. M., feeling tired and unrefreshed. Sexual desire increased; hard erections at night; lewd dreams with emissions.

20th, 6 P. M. Severe aching pain in the left supra-orbital notch. Twitching of muscles over eighth and ninth ribs (left side). Sleep restless and tossing till 12.

Awoke at daybreak feeling tired and heavy.

*Great sexual desire, with emissions. Emissions every other night.*

Small, reddish elevations, resembling furuncles, on the face, which become pustular, and are accompanied by burning, stinging pains when touched.

Urine increased; light colored; specific gravity 10.23.

Proving by— Sullivan.

In good health; urine acid and normal.

Jan. 6th. Took one dose 5th.

Jan. 7th, 3 P. M. Scanty, soft stool, with burning at the anus. Dull pain in the muscles on the centerior part of the thigh, and in lumbar region, accompanied with feeling of lassitude and weakness in the same, especially in the legs; aggravated by moving.

7 P. M. Dull, steady, frontal headache (with vertigo when rising and when walking).

8 P. M. Full, pressing sensation in the head, from within outwards, as if the head would fly apart; greatly aggravated by motion and by study.

9 P. M. Severe pressing pains in the head, laterally, from within outwards, with sensation as if the frontal bones would split open; aggravated by turning the head, moving the eyes, or from the least motion.

Jan. 8th. Weakness and heaviness of the limbs.

Jan. 9th, 7:30 A. M. Took one dose 30th, 3 P. M. A peculiar dull continuous pain all over the head; aggravated by motion, turning the head, and stooping; relieved by lateral pressure upon the head; forehead hot.

Jan. 14th, 7 P. M. One dose 30th.

Jan. 15th, 10 A. M. Dull, heavy pain in frontal region, extending to the vertex; worse from motion; no appetite; bitter taste in the mouth.

1 P. M. Headache worse; aggravated by the least motion, stooping, bowing the head, or rolling the eyes; severe aching pain in the lumbar region, extending down the legs; aggravated by motion; legs and small of the back sensitive to pressure.

5 P. M. Intense pressing headache, as before; head feels disagreeable and sore, especially the supra-orbital region. Aching pain in the eyeballs, which feel sore; worse by moving them; better by closing them and keeping quiet.

6 P. M. Vertigo, with nausea, on least motion. No appetite; aversion to food. Raw feeling in the left side of the throat, extending from behind forward to the sub-maxillary gland; worse when swallowing.

9 P. M. Intense pain in frontal region and vertex, with *vertigo and nausea*. Could not sit up; greatly aggravated by even raising the head,

Jan. 16th. Great weakness of the muscles, especially those of the lower extremities and back. Dull, heavy feeling in the head.

Feb. 9th. One dose 30th.

10th. Sleep good. 8 A. M. Full heavy feeling in the vertex. Rough, raw, scraped sensation in the throat (left side). Urine normal, both in quality and quantity.

11th. 9 A. M. One dose 30th. 1:30 P. M. Full, heavy headache in the vertex; worse when stooping and moving eyes. Severe, sharp, shooting pain in centre of the eye, extending back to occipital region; pain seemed to follow the course of the optic nerve. Eyeballs sore to touch, with photophobia. Lids sore, and slightly swollen.

Feb. 13. 8 A. M. One dose 30th. 9 A. M. Headache, of a heavy, blinding, dizzy character, with great fulness; head feels as if it would burst open; head feels as if too small. Pains mostly in the vertex and frontal regions; stooping aggravates the pains, and causes vertigo. Headache comes on at 9 A. M., and steadily increases till I go to bed. Scalp sensitive to touch. Sore aching pain in infra-orbital region. Sore, painful sensation in the eyeball; styes, with soreness and swelling of lids.

Pains in the eye aggravated by strong light, and by turning the eye. Pupils dilated; cannot bear to look at a bright light.

Urine dark, high-colored. Specific grav., 1.025 to 1.028. Quantity about normal. Urination followed by burning. Diarrhœic stool, with burning and smarting at the anus. Pains, heaviness and weakness of the muscles of the back and lower extremities. Coldness of the hands and feet.

Feb. 14th. Symptoms gradually subsiding. Wind in the bowels passed up and down—not marked.

#### Proving by W. S. F.

In perfect health; never had headache of any kind. Bowels normal and regular.

Jan. 29th, 3 P. M. One dose 30th. No symptoms.

“ 30th, 8 A. M. “ “ “ “ “

“ 31st, 8 A. M. “ “ “ “ “

Feb. 2d, 3 P. M. “ “ “ “ “

“ 3d, 8 A. M. One powder of 1st cent.

“ 3d, 3 P. M. Pain over right eye in supra-orbital region, sharp and vibrating, stopping a moment or so, and then beginning again (lasted half an hour).

Feb. 4th, 3 P. M. Dull, sleepy pain in the forehead, with sour eructations (lasting 1 hour).

9½ A. M. Dull, stunning pain in the chest, with twitching in the throat. Sharp, cutting pain in left temple over a small transverse branch of the temporal artery.

Feb. 5th. Awoke with very strong erections, and pain in the abdomen; pass great deal of wind from the bowels on moving; sour, bitter taste in the mouth; nose filled with mucus; can breathe only through the mouths; relieved by going into open air.

8 A. M. 1 dose 1st. 11 A. M., Pain in left anterior portion of thigh; could hardly flex and extend the legs, lasting fifteen minutes.

7:30 P. M. Sour eructations of gas and ingesta; severe pain in back portion of left leg, extending to the sole of the foot, with sensation as if foot would go to sleep; relieved by motion and open air.

Feb. 6th, 6 A. M. Awoke with emission and very firm erection, which continued about 10 minutes after the emission; crawling, stinging pains in abdomen; bad taste in the mouth of gas, and water brash; throat dry and husky; nose filled up; could only breathe with the mouth open; crawling pain in the sole of the left foot, and under the patella; sensation as if sand was in the eyes, with smarting pain and acrid tears; all symptoms relieved by cold water, and walking in the open air.

Feb. 7th, 8 A. M. 1 dose, 1st. 12 M. Rumbling pain in the abdomen; weakness of the legs at the knees; head feels as if falling forward; eyes watery; stinging pain in them; taste sour; bad taste in the mouth.

5 P. M. Dull, sleepy pain over left temple; chest feels tight as if encircled by a band.

Feb. 8th, 4 A. M. Terrible erections; 7 A. M.; awoke with sharp stinging pain in both eyes, and dull, rumbling, and colic-like pains in the abdomen; numb, sleepy pain in the legs, extending to the bottoms of the feet, relieved by cold water, and open air. 9 P. M. Great heaviness of both legs; knees feel weak; lame and tired sensations all over the body.

General relief from open air and motion.

*Most marked symptoms. Heaviness and weakness of the limbs; general lassitude; terrible erections; headache, which he never before had.*

## Proving by J. E. T —1st Cent.

In good health, bowels regular, urine normal. I first tried the 30th, 15th, 5th, with no effect.

Jan. 29th, 4 P. M. 1 powder, 1st cent. 8 P. M. Dull pain in the supra-orbital region, coming from the occiput. Can't keep the eyes open in studying; general sense of lassitude. Sleep restless, with terrible erections.

Jan. 30th, 8 A. M. Same pains continue; worse from *movement* and *stooping*. Great weakness in the lower limbs.

Jan. 31st. No more symptoms. 4 P. M. 1 dose 1st cent. 10 P. M. Slight frontal headache, with sickness at the stomach, as from a weight.

Feb. 1st. Long-continued and violent erections all night.

Feb. 2d, 2 P. M. 1 dose, 1st. 7 P. M. Numb sensation in the lower limbs. Sleep restless. Erections like h—, violent, strong, and long-lasting, which I thought would surely rupture the penis; followed by *profuse seminal emissions*.

Feb. 3d. Dull pain in supra-orbital region. Soft, light-colored stool, passed with much straining.

6 P. M. Heavy, dull pain in the small of back.

Feb. 5th, 8 A. M. 1 dose 1st. 2 P. M. Dull, heavy headache in supra-orbital region as before. 9 P. M. Very sleepy; can't keep my eyes open. Urine increased, and of a light amber color. Numbness in the left foot.

Feb. 6th. *Violent erections all night*—could not sleep for them; had to get up, walk around, and bathe the parts in cold water. Pains in the calves of the legs, lasting all night. Dull, heavy headache, lasting all day, coming first on the right side, then spreading to the left.

7 P. M. Urine increased, and of a light color. *Great weakness and heaviness of the lower limbs.*

Feb. 7th, 8 A. M. 1 powder 1st cent. 12 A. M. Pricking sensation, as from needles, in the legs and feet. Soft stool, with much tenesmus.

Feb. 8th, 9 A. M. 1 powder 1st. 8 P. M. Pressure over both eyes; worse from studying and motion, better from sitting still. Sleep broken up by violent erections, lasting all night; had to sit up.

Feb. 9th, 2 P. M. 1 powder 1st. 9 P. M. Very sleepy and tired; head feels dull and heavy; feet feel as if frost bitten. Calves of both legs feel lame and sore. Urine still pale and increased. Sleep restless, and violent erections.

Feb. 10th, 11 A. M. Erections with severe pain in left testicle, as if bruised, extending up the cord as far as the external abdominal ring. 12 M. Dizziness and vertigo, lasting half an hour; worse when rising up from sitting position.

Feb. 11th, 8 P. M. Took 1 dose 1st. Sleeplessness all night. Arose at 3 A. M., and took a dose of *Coffea*, without effect.

Feb. 12th. Dreaming all night, but without the usual terrible erections.

### Proving of Anderson.

Jan. 7th, 8 A. M. 1 powder 30th.

Jan 8th, 3:30 A. M. 1 powder 30th. No symptoms.

Jan. 9th, 3 P. M. 1 powder 25th. 6 P. M. Rumbling in the abdomen, with crampy pains and flatus.

Jan. 10th, 10 A. M. Deep-seated pain in the right arm at elbow joint, between ulna and radius, continuing for several days. Also deep-seated sore pain—almost unbearable—in upper part of Scarpa's triangle of left leg; not relieved by pressure, cold, or warmth; worse at night, absent during sleep, and coming on on awaking. Loss of appetite and weakness of the extremities.

*Mental Symptoms.*—Great indifference; lack of will-power to undertake anything. Lame sensation in both shoulders.

Jan. 19th, 5 P. M. 1 dose.

Jan. 20th, 10 A. M. Sore throat; disagreeable sensation back of and above soft palate. Great weakness and debility of extremities. Stitches through the right side in region of the liver; seems to be mostly in the muscles. Rheumatic stitches in different parts of the body, with *great muscular debility*. Legs (anterior or extensor muscles) feel numb.

6:30 P. M. Contracted or squeezed sensation of left hemisphere of brain on going into open air.

Jan. 21st. Sore throat still continues, with *very* great debility of muscular system, especially of the lower extremities; unable to remain out of bed; no appetite.

Jan. 22d. Weakness of muscles; great indifference and lassitude.

Feb. 14th. One dose 2d cent. No symptoms.

Feb. 15th. One dose 2d cent. No symptoms.

Feb. 16th. Small, ineffectual, soft stool, followed by drawing up of the anus, and accompanied by some tenesmus. Cold extremities decidedly marked throughout the whole proving.

#### Proving of M. W. Gallup—Aged 24.

Nervous temperament.

Feb. 9th, 1874, 10 P. M. One dose 5th.

Feb. 10th, 10 A. M. Twitching of lower portion of biceps of left arm, lasting half an hour.

12 noon. Sensation of fulness and heaviness of the head, with disinclination for mental or physical work; desire to sit still; aversion to talking or movement; fulness and heaviness increased till 2 P. M., when it developed into a severe throbbing headache; worse on the left side, but chiefly in the left eye and occipital region; markedly aggravated by going up stairs, which causes an intense throbbing pain in the eyeball.

4 P. M. Headache relieved; nausea, accompanied by intermittent griping pains in the epigastric region, continuing until night.

Feb. 10. During the forenoon, at intervals, twitching of the biceps of left arm as before, with fullness and heaviness of the head, followed by throbbing pains in the eye and occiput (left), but not as marked as before; dulness and indifference; disinclination to talk and study; takes no interest in surrounding things.

Feb. 16th. 1 dose 5th, 10 A. M. 2 P. M. Fullness and heaviness of the head, with disinclination to do anything; headache increases and finally develops into an intense throbbing pain in left side of the head, chiefly in the eyeball and forehead, and extending backwards to occipital region; better from keeping quiet; worse from motion, and *greatly* aggravated by going up stairs; small furuncle in the left nostril.

6 P. M. Severe pain in the left inguinal region on walking, and aggravated by going up stairs; great heaviness and weakness of the lower extremities; aggravation between 10 A. M. and 2 P. M.

## CLINICAL NOTES ON THE ADDITIONAL BIO-CHEMIC REMEDIES.

By Eric Vondergoltz, M. D.

### III.

Dr. Schüssler called his treatment in the first publication in 1874 an abridged (scilicet homœopathic) treatment of the pure homœopathic therapy, as at that time Dr. Schüssler considered himself a homœopathic physician.

In the following years with the further editions Schüssler estranged himself more and more, so that finally beginning with his xx edition, going to his 25th and last original one, the isolation of his therapy had been perfected.

In his first publication, for instance under *Silica*, Dr. Schüssler refers to the well-known symptoms and indications, till finally by own observations, new indications and often opposed ones to the pure homœopathic teachings were introduced, and respectively superseded old symptoms.

Desiring to introduce all other anorganic compounds of the human organisms into the system of Dr. Schüssler, under the name of *Cellular-therapy*, I have followed this same way—accepting first the homœopathic indications as more liberally expressed in the clinical notes of T. F. Allen's *Handbook*, and correcting or affirming same by own observations.

The following remedies as further components of the human organism have been used in the mentioned secondary order to the Twelve Tissue Remedies:

1. *Arsenic* is found throughout the organisms—but mostly in the blood, skin and glands, especially in the thyrioidea.

As tissue—salts—*Calcareo arsenicosa* and *Natrum arsenicosum* have been used on the science of Schüssler. Besides those—*Arsenic. iodat.*, *Arsen. bromat.* and *Arsenic. album* have been employed in the mentioned way of accentuation of either part of a tissue-salt.

The indications for *Calc. arsen.* are corresponding to those of *Calc. p.* and *Natr. m.*

*Arsen. iodat.* is valued as a nutritive remedy (in the sense of von Grauvogl), in all cachectic forms of any disease—acting perhaps equivalent with *Kali. phos.*, but somewhat more in a nutritive way.

The general indication for one of those *Arsen.* salts will be found in a more general diseased state of skin and glands, and here the more so if the primary tissue-salts produce only a slow, or, perhaps, nearly no cure, while clear manifestations of a perfect selection of the remedy cannot be doubted.

2. *Plumbum* and *Cuprum* are found always together and so foremost in the tissues of the liver as the oxydes. Those two elements will also be found together with *Arsenic* and *Zinc*.

*Cuprum* like *Arsenic* and especially *Iodum* will be found in the blood—and so more or less distributed through the whole organisms.

*Plumbum* and *Cuprum* so are to be thought of, *a priori*, in intestinal and abdominal ailments, and have been so used, *Plumb. phos.* and *Cuprum arsenic.* were the forms of those remedies mostly.

*Plumbum iodatum* has decidedly a great influence on internal carcinomatous growths.

*Cuprum* in its different forms, but most as phosphate, has been used as a blood-remedy in amenorrhœa and anæmias, of young girls following the observations of v. Grauvogl.

3. *Baryta phosphor.* and *Muriatica*, as also *Baryt. iodat.*  
*Calc. iodat.*

*Lithium phosphor.* must be regarded as helpmates to *Silica*.

4. *Magnesia muriatic* will be used in close relation to *Magnesia phos.*; *Natr. phos.* and *Natr. mur.*

5. *Manganese* as a nutritive will be found equally valuable as a help in every disease and under every remedy with impoverished blood.

6. *Iodum* is mostly contained in the blood; has been detected in large quantities in the menstrual blood.

So it will be understood why so many *Iodine* remedies are employed as *Calc. iodat.*, *Baryt. iodat.*, *Arsen. iodat.*, *Plumb. iodat.*

*Calc. iodat.* as it seems will become one of the most prominent remedies.

7. *Zinc*, *Brom.* and *Alumen* will be used only casually; and here I have followed, only if forced, the clinical remarks in T. F. Allen's Handbook.

So far the following observations, partly of others, partly of myself, are ruling the employment correspondingly to the original remedies:

CALCAREA FLUORICA.

Indurations—muscular } *Baryta. iodat.*  
 glandular } *Calcarea iodat.*  
 —diseases of the bone— } *Lith. phos., Manganese*  
 } *Baryta iodat.*

CALCAREA PHOSPHORICA.

Anæmia } *Arsen. iodat., Calc. ars., Calc. hypophos.*  
 Neurasthenia } *Calc. iodat., Manganese, Cupr., ars., Natr. ars.*  
 Rhachitis—*Calc. iodat., Baryt. iodat. and phosphor.*  
 Phthisis—*Calc. ars. and Natr. ars. (Ars. iodat.)*

N. B. *Calc. phos.* after well selected remedies which do not exhibit prompt action—will do so after one or two doses of *Cupr. arsen.* 12x.

CALCAREA SULFURICA.

Liver—*Cupr. arsen., Plumb. phos., Magn. mur.*  
 Skin }  
 Pus } *Calc. sulfide.*

FERRUM PHOSPHORIC.

Generally—*Manganese.*  
 Diarrhoea lientaris—*Calc. arsen.*  
 Menstruation—*Ferr. iodat., Calc. iodat.*

KALIUM MURIATICUM.

Generally }  
 Inflammation } *Kalium iodatum.*

KALIUM PHOSPHORICUM.

Gangrenous conditions—*Arsen. iodat.*  
 Nervous system { *Zinc. phos., Zinc. bromat., Ars. iod.*  
 } *Calc. sulfide, Cupr. arsen.*

KALIUM SULFURICUM.

Skin diseases—*Manganese, Kal. bromat., Ars. bromat.*

MAGNESIA PHOSPHORICA.

Squeezing pains—*Calc. iodat.*  
 Night neuralgia—*Calc. arsen.* } agonizing, *Cupr. ars.*  
 Neuralgia—*Cupr. phos.* }  
 Spasms, ulcerative pains }  
 tumor, unsteady feet } *Zinc. phos.*

Neuralgic cramps—*Plumbum phos.*

Cramps, chronic ailments of different origin. } *Calc. sulf.*

NATRUM MURIATICUM.

Generally—*Arsen. iodat.*, *Natr. arsen.*

Dry mucosa—*Baryt. muriat.*, *Magn. muriat.*

Compare { *Calc. phos.*  
          { *Magn. phos.* } with its dependents.  
          { *Kal. phos.* }

NATRUM PHOSPHORICUM.

Scrofulosis— { *Ars. iodat.*, *Baryt. iod.*, *Calc. iod.*  
                  { *Kal. iod.*

Acidity—*Magn. muriat.*, *Manganese*, *Lith. muriat.*

NATRUM SULFURICUM.

Compare { *Natr. mur.*  
          { *Kal. phos.*

SILICEA.

Complimentary { *Baryum and Lithium—combinations*, *Alumina*,  
                  { *Calc. iod.*, *Calc. sulfide*, *Baryt. iod.*, *Zinc. phos.*

Many faults certainly are more or less contained in this tabulation—but this tabulation certainly has proved so far so helpful in my practice that I do not think that many changes will be brought on in time. The great effect of those additional remedies will be the limitation of the class of incurable diseases, and how far this can easily be attained a short trial with those new remedies after a closer acquaintance with Schüssler's tissue remedies will convince everybody.

The possibly eligible remedies are the following, 27 (of which the most prominent, and oftener used the foregoing ones, are under the original tissue salts):

<i>Alumina</i> ,	<i>Calc. bromat.</i>	<i>Cupr. phos.</i>	<i>Magn. mur.</i>	<i>Ph. phos.</i>
<i>Arsen. bomat.</i>	<i>Calc. hypsophos.</i>	<i>Ferr. iod.</i>	<i>Mang. iod.</i>	<i>Zinc bromat.</i>
<i>Arsen. iodat.</i>	<i>Calc. iodat.</i>	<i>Kal. bromat.</i>	<i>Manganese</i> ,	<i>Zinc phos.</i>
<i>Baryt. iodat.</i>	<i>Calc. silicat.</i>	<i>Kal. iodat.</i>	<i>Natr. arsen.</i>	
<i>Baryt. phos.</i>	<i>Calc. sulfid.</i>	<i>Lith. mur.</i>	<i>Natr. hypophos.</i>	
<i>Calc. arsen.</i>	<i>Cupr. arsen.</i>	<i>Lith. phos.</i>	<i>Plumb iod.</i>	

How many of those new remedies will be used depends only on the class of cases coming for treatment. The chronic cases

will be treated exclusively by all, and therefore by the new remedies also.

The acute cases or more recent will exclusively be treated and cured (if possible) by the original tissue remedies.

Correspondingly to the smaller percentage of the quantity of the newer remedies in the organisms, I have so far employed the higher triturations of them; if now absolutely necessary, I cannot say.

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### CAN TYPHOID FEVER BE ABORTED?

Editor HOMŒOPATHIC RECORDER.

My answer is, it can and should be. Typhoid fever cannot be aborted if treated along the old lines, *i. e.* by treating the symptoms, as they appear or manifest themselves, for this treatment does not reach the real seat of the trouble or lesion, as it were, consequently it cannot bring about the desired results. The real pathology of typhoid is not understood, or is entirely overlooked.

The real lesion or seat of the disease is in the liver, and it is from the liver that the typhoid poison is carried into the intestinal canal, and from these reaborted and carried through the whole system to bring about the secondary toxæmia and all the violent disturbances which manifest themselves as typhoid fever, such as elevation of temperature, pain, and all the nervous and vascular disturbances; consequently to treat only the secondary toxæmia, as has been customary in the past, it cannot reach the seat of the trouble as it should, and as a result we have the long continued high temperature for weeks, which we are unable to relieve, or only in part, with the ordinary treatment. The so-called symptomatic treatment is not deep acting as it should be, and does not reach the seat of violent poison. And as long as the liver is not acted upon in this disease will it continue to throw its poison into the intestinal canal, and keep up the secondary toxemia, and also secondary symptoms, until the system has gradually relieved itself of the poison. Of course, the greater the poison or toxæmia the greater the disturbance, and the longer will it continue. There is no such thing as false and true typhoid, it simply depends upon the amount of poison present in the system the greater the toxæmia the greater the disturbance, and the less poison the milder the case.

How I abort typhoid fever is by treating both the secondary symptoms, and the deep seated toxæmia created by the liver. The former I treat in the usual way, with such remedies as may be called for, as Bell., Gel., Bry. Ars. Rhus tox. The deep-seated toxæmia or seat of typhoid fever I reach by treating the liver with such remedies as will relieve the liver of its violent congestion and carry the poison out of the system through the intestinal canal. And as long as there is any elevation of temperature, I give my patient  $\frac{1}{4}$  gr. of Calomel at bed time, and continue with my other remedies and treatment just the same. You will be surprised to see how rapidly your temperature will fall under this treatment, and in what short time you can bring your case to a favorable termination. I formerly had to see my patients with a high temperature for weeks, which I at that time seemed to be unable to relieve with the ordinary remedies or treatment. But since I treat the liver in connection with my other remedies, or treat along this new line, I can bring about the desired results in  $\frac{1}{4}$  of the time I formerly did. Perhaps Calomel 2x, 1 powder at bed time, would have the same effect, but I prefer the crude, as the liver is very stubborn to act upon in this disease and the quicker you can work on the liver the better for your patient.

There are cases of course, where I am not in any great hurry with my patient, as I find I lose dollars through the operation. But this is the only and scientific treatment for typhoid fever. I would be pleased to hear from others after they have tried this.

Respectfully,

M. ZOPFIE, M. D.

*Pittsburg, Pa.*

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## THAT SILICA AND NATRUM MUR. PROPOSITION.

Editor HOMŒOPATHIC RECORDER.

Your "personal" (but this time indirect) remark, "The action of *Silica* 12x and *Natrum mur.* 12x is the same, whether given biochemically or homœopathically, and what the action is, no one positively knows," needs an answer.

Both remedies are the best known perhaps in the homœopathic as also in the biochemic *Materia Medica*.

*Silica* will be considered by the homœopathic physician in 576 cardinal symptoms, against 66 indicating symptoms of the bio-

chemic physician. Those biochemical symptoms really are not symptoms, as they represent the indication in a pathological sense, as, for instance—*Alopecia prematura* or *Chronic cystitis* or *Phlegmonous inflammation with a developed centre.*

Those biochemical symptoms are formed from the following general considerations: "*Silicic acid* is a constituent of the cells of the connective tissue, of the epidermis, the hair and the nails." (Schüssler—Professor Tafel's translation.)

In the same way the difference between the homœopathic and biochemical symptoms of *Natr. mur.* could be shown. The action is, therefore--the *cure*—not the same; the homœopathic cure (effecting a cure from similar conditions) without consideration of the internal cellular chemismus must be regarded as an action by force majeure. The biochemical cure follows the necessary feeding of the diseased and so weakened cells.

That finally the *cure* homœopathically, as also biochemically representing the *action* will be the same, must be recognized only as—a seeming one therefore.

The final destination and death is the same in the two, but different causing moments: *Combustiv* (burning) and *Congelativ* (freezing), the well-known difference consists in the well-known action of those two destructive phenomena.

Yours truly,

ERIC VONDERGOLTZ, M. D.

247 East 72d St., New York City.

(And yet as *Silica 12x* is *Silica 12x*, and it is nothing more, its action must be the same, whether given on homœopathic; biochemical, eclectic or any other system.—RECORDER).

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## AN OPENING FOR A HOMŒOPATHIC PHYSICIAN.

SYRACUSE, N. Y., April 16, 1903.

Editor HOMŒOPATHIC RECORDER.

DEAR SIR:—There is a good location for a homœopath, at Meridian, Cayuga Co., N. Y. I believe there is no physician there at present, and it is a town of perhaps 500 inhabitants, in one of the best farming sections in New York State.

Will answer inquiries.

Yours truly,

FREDERICK HOOKER, M. D.

## PERSONAL EXPERIENCE.

NEWARK, OHIO, April 19th, 1903.

Editor HOMŒOPATHIC RECORDER.

After reading the rejected letter of our esteemed Dr. J. R. Simson, of Tonawanda, N. Y., in your late issue, on the subject of vaccination, I wish to say that an experience and observation extending over 35 years corroborates every statement the Dr. has made and I have abandoned the practice long ago. I feel that I am, personally, the victim of vaccination. When but two years old, I was vaccinated, and for 3 weeks after, according to my dear mother's statement, I lay in her arms night and day, covered with solid scab from head to foot and rendered blind and deaf for that time. I think I have suffered its effects all my life, and I only wish, in these lines, to be one to help wipe out the vile, villainous and murderous practice for dollars.

Fraternally, etc.,

WM. M. BALDWIN, M. D.

## SOME CLINICAL PROVINGS.

By Theo. M. Johnson, M. D.

*Natr. mur.* 6x. T.—Chill every second day or daily about 11 A. M., followed by fever, headache and vomiting. The indications for *Nat. mur.* in malarial chills I have verified many times.

*Ambrosia art.* 2x.—Asthma—This is the only use I have ever made of it and have had some exceedingly good results in some inveterate cases. Dr. J. P. Cheeseman, of Elmer, N. J., and I once made a proving of it. His attention was called to it by having a gentleman in his buggy while driving across country. On passing a stubble field where rag weed was in blossom his friend became so asthmatic as to be obliged to get down upon the floor of the vehicle, and he afterward told the doctor that the rag weed always affected him so. It is one of the best remedies in the asthmatic form of hay fever and will render real and valuable service. A middle aged married lady residing in Washington, D. C., was subject to sudden attacks of asthma. While visiting our town she had one of her frequent attacks. *Ambrosia* relieved

her very promptly of this attack and other attacks after she returned home. I supplied her with the remedy by mail for several years.

*Echinacæ. ang. θ*—This drug has been recommended empirically for various conditions of the septic type, including ulcers. My use of it is limited, and the only reference I wish to make to it is in ulcers of the rectum—the ordinary flat ulcer found so often. I am satisfied that its use internally, conjoined with other local treatment, has been markedly beneficial, hastening the cure faster than local treatment alone would do.

*Euphrasia* 1x. or *θ*—Under this drug we have given us, “Profuse, bland, fluent, coryza, with scalding tears.” I have found these scalding tears come down the nasal passages and evacuate profusely through the anterior nares, producing redness, swelling and scalding of the nose, with frequent sneezing associated with rise of temperature and very disagreeable sense of flushed heat of the face; an influenza condition of marked type wholly covered by *Euph.* *Euph.* used in tincture of 1x, giving five or six minims in  $\frac{1}{4}$  glassful of water every two hours, will arrest this condition promptly if the patient will take care of himself.

Also, hay fever, with these symptoms, I’ve often known it to give marked relief and to act well as a prophylactic.

*Aconite*.—The symptoms fear of death and restlessness we find in Hering’s Condensed also interpreted under heading of nerves “great irritation of the nervous system.” I have many times seen it act in 2x potency almost like an anodyne, where a patient was suffering pain and restlessness with or *without* fever.

*Calc. phos.* 6x.—Caused healing in a broken tibia after it had failed to heal in the usual time. This was decidedly a test case.

*Gnaphalium pol. θ*.—Chronic backache in lumbar region, with tired, aching pains, sapping one’s strength and ambition; worse from continued motion, better resting, especially on the back; light colored polyuria. Favorable action is denoted by quick relief from aching pain, urine diminishing in quantity and high colored. For some reason this drug with these indications seems only to be effective in sub-acute or chronic cases; the more chronic the more brilliant the result.

*Verbascum* 1x. and *θ*.—In prosopalgia. One serious case in a widow lady about sixty-five years old. The pains were severe on the left side, aggravated by any motion of the parts, as talking, laughing, etc. They would strike her like sudden and severe

shocks of electricity, and then gradually ease off for a short time. She is not very liable to attacks in hot weather. *Verbascum* gives her quick relief. Another case of prosopalgia, a married lady fifty-five or sixty years old. It was five or ten years ago, and I cannot recall all the symptoms, but know that the suffering was extreme. I used various remedies, even resorting to electricity and numerous adjuvants. Nothing helped her until I gave *Verbas.* in water, when relief was prompt. In severe and neuralgic headache of the *left side* I find *Verbas.* often indicated. Under *Colocynth* we have sharp cutting in *right* eye-ball, with pain in eyes. It recurs daily, is excruciating and lasts from 6 to 11 A. M. *Spigelia* is about the only other remedy from which it will be difficult to differentiate it, as both have increasing exacerbation from morning to noon and decline towards night, but *Spig.* pains are especially of the supra-orbital nerve and affect the eye-ball, while *Verbas.* pains spread more over the temple and face and below the eye.

*Veratrum a.* 2x.—Gatchell in his Pocket-Book of Medical Practice under catarrhal enteritis says that *Veratrum a.* is useless in painless diarrhœa. While cramps and colicky pains, even bending one double, are characteristic of *Veratrum a.*, yet "without pain" is not a symptom of *Veratrum a.*, and I have seen it cure diarrhœa with copious, frequent stools like rice water, but without pain, many times.

*Nux Moschata.*—Tendency to faint after eating or after a cold drink. These symptoms, which were very distressing on account of their certainty to appear, especially after the cold drink, were observed in a lady seventy-three years old, bright, nervous temperament, tendency to be tuberculous since twenty-one years old, and of late years devoid of an appendix. The action of *Nux mos.* was so marked as to delight her very much.

*Baryta carb.* 6x.—Twenty to twenty-five years ago I used to see many more cases of quinsy than of late. The action of *Baryta* upon the tonsils seems to be almost specific. When I meet a patient subject to quinsy, I urge a constitutional course of treatment, and put them on *Baryta carb.* 6x for six months, which almost *invariably* corrects their tendency to quinsy.

*Cocculus* 2x.—As a prophylactic in car and seasickness. I have had a great deal of success with this remedy, even patients of other physicians coming to me for it on account of its reputed efficacy. The manner of the administration I believe to be the

cause of its success. All prophylactics should be given *before* the attack, of course. So I direct patients to take it from six to twenty-four hours before a car ride, and two or three days before an ocean voyage.

*Gambogia* 2x.—Diarrhœic stools thin or watery, yellow, copious, acrid. Acts promptly.

*Gelsemium*.—Priapism in gonorrhœa. Puerperal convulsions.

*Glonoine* 3x.—Throbbing occipital pain during menses.

*Hydrastis Can.* 1x.—Chronic gastric catarrh. I have proved this clinically in a number of cases, ranging from mild to the more severe types.

*Phosphorus* 3x.—Sexual desire increased. The patient, a widow, with phthisis pulmonalis, after taking *Phos.* a number of times asked me not to give that medicine, as it excited her sexual desires to an annoying degree. Cough dry, excited by itching in trachea.

*Pulsatilla* 2x.—Cough dry, *constant*, excited by itching in trachea.

*Rhus tox.*—Urination frequent, copious, pale, associated with chronic lumbago.

*Silicia* 6x and 12x.—Chronic white discharge from ear, with disagreeable odor, of fifteen years' duration, with occasional acute and very severe abscesses, averaging once a year. Loss of hearing in ear. A year's treatment cured entirely, except hearing was permanently lost. Case was sequella of scarlatina in childhood.

*Cal. os.* 6x.—A young lady. Many small warts appearing about the mouth at each menstrual period, each crop taking about two months to disappear, thus always having a portion of two separate crops present. Cured entirely in thirty days.—*From Transactions of Penna., Thirty-eighth Session.*

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## VERIFYING HAHNEMANN'S PROVINGS.

During February and March, 1902, I proved tinctures of *Aconitum napellus*, *Belladonna*, *Bryonia alba*, *Chamomilla*, *Gelsemium* and *Pulsatilla* on fourteen students in good health. The doses ranged from one to two drops of the tincture (strength one-tenth) at intervals of four hours until effects were induced, or until such time as it seemed impossible to produce symptoms. Nine of the

fourteen provers were found susceptible to one or the other of the above-mentioned drugs. None of the experimenters knew what the drugs were, and the greatest care was taken to prevent confounding drug effects with effects of cold, indigestion or such disease tendencies as are commonly experienced by human beings.

It is not my purpose here to give the symptoms produced, but to call attention simply to the fact that the effects of *Aconitum*, *Belladonna*, *Bryonia*, and *Pulsatilla* were marked. As these four drugs produced the most pronounced effects, I paid special attention to them, and had each of the nine provers experiment with each drug two or more times.

When the proving was stopped for want of time and opportunity, I compared the symptom lists with the pathogenic record of the same drugs found in Hahnemann's *Materia Medica Pura* (Dudgeon's translation). The result was exceedingly gratifying, for I found symptom after symptom, expressed in words almost identical in phraseology, or at any rate conveying the same meaning. For instance, one of the provers of *Pulsatilla*, among the other symptoms, recorded the following: "Distention of the abdomen after meals; food seemed to lay like a load in the stomach for some time, with a desire to pass flatus, which was offensive." Hahnemann records: "Swollen and distended abdomen; pressive pain in stomach, like a weight after eating; passes very hot flatus." Then my prover remarks: "All these symptoms were worse in a warm room and better outside in the air." Can any one who has the least knowledge of homœopathy question these *Pulsatilla* effects?

Another of my provers who had *Aconitum* experienced among other effects: "A sense of heat with sweat; wanted windows open to get fresh air; towards night bruised pain, like lumbago; constipated to-day, stool being hard, dry and passed with much straining, but without pain." Now compare Hahnemann's pathogenesis, and we find the record says: "Heat and sweat; pain as if bruised in lumbar region; hard stool, attended with pressing; in the open air all symptoms are ameliorated."

These are samples of quite a number of similar instances, and I feel fully convinced if our friends who are continually aiming to disprove, or if those who doubt Hahnemann's provings, or the validity of the processes of the pharmacopœia in question, would themselves make tests, not a few, but many, as suggested in this

paper, it would be immeasurably to their advantage, and they would be strongly inclined to practice Homœopathy, if they had not done so before.—*Dr. Charles Mohr, in Penna. Transactions, 1902, Thirty-eighth Session.*

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## TUMORS SUCCESSFULLY TREATED WITHOUT THE USE OF THE KNIFE.

By H. M. Bishop, M. D., Los Angeles, California.

The advent of antiseptic surgery was a severe blow and setback to the progress of therapeutics in the treatment of tumors. The enthusiastic young surgeon was carried away with the allurements of the short, sharp cut, which with its attendant eclat promised a pleasing substitute for the more brainy and irksome research of curative remedies. The dominant thought was to operate and climb the steep ladder of fame whose rounds should be made up of laparotomies and abdominal sections. They never knew, because they never sought to find, the efficacy and saving grace of the skilfully used remedies of the *Materia Medica*. It was the knife first, last and all the time.

A recent writer, deep thinker, and successful practitioner in these diseases says: "The manifold operations on women are, for the most part, absolutely useless, often harmful, and not seldom fatal. How can anyone cure the quality of a person by cutting a piece off her? Will cutting off a gouty toe cure the gout? It is a shallow philosophy which contends that the removal of the product of a disease is a cure of the disease, a confounding of cause and effect, a confusion of process and result. It is a baneful theory which teaches that the proper way to cure a part is to exterminate it." There is a better way of dealing with tumors, and those who search will learn.

What is a tumor, that word so appalling to the laity and so captivating to the surgeon, but an abnormal growth of tissue from perverted vitality. Prof. John Chene, of the University of Edinburgh, says: "There is no distinct line of demarcation between the inflammatory swelling and the hypertrophy, between the hypertrophy and the tumor proper, between the simple and the malignant tumor. If the malignant tumor is not due to local irritation, but to a general dyscrasia or peculiarity of the patient, the surgeon has slight grounds for recommending its removal."

Years ago Jahr in his "Forty Years' Practice" writes as follows: "I have cured three patients living in remote localities of hard swellings of the fundus of the uterus, which had not only been diagnosed as such by physicians of the place, but by Paris Professors; one was cured by means of *Sepia*, and two others by means of *Aurum* and *Belladonna*, the cure being so complete that no trace of the swellings could afterwards be discovered by their former physicians." Similar successful experience has become more common since his time, and the more recent the time the more has the testimony increased of the curability of pelvic tumors by remedial measures, that put to shame the barbarity of the knife.

At the session of the International Congress of Gynæcology and Obstetrics, held in Amsterdam, it was encouraging to hear of such a distinguished gynæcologist as Doumer relating his marked success in resolving chronic hypertrophy of the womb by the sole means of high frequency and high tension electric current.

In Tilt's work on Diseases of Women numerous instances are mentioned where methodical pressure by compressed sponge had proved most efficacious in reducing uterine hyperplasia, Dr. Emmet declaring that it does more good in a week than three months of any other treatment, destroying fungoid granulations, mucous polypi, and even fibroids of considerable size.

If our old-school brethren can accomplish so much without opening the abdominal cavity, how much more ought we to do with the superadded and inconceivable advantage of homœopathic medication?

How common it is for a patient to be told that she can live but a short time without an operation, and how often that same patient continues to live on, despite such professional interdiction, while an unpleasant proportion of those who accede to the surgeon's advice succumb. Case after case condemned to operation as their only salvation has been entirely cured by medicine alone. Some who were given but a few weeks of life unless they submitted to the scientific ablation of the offending part have been by myself completely restored. Furthermore, the surgical removal of a tumor by no means insures against a reappearance either in the original site or in some new location, for the knife cannot reach the constitutional conditions on which the morbid growth depended, while the homœopathic remedy must perforce change the perverted vitality that generated the growth before the same can be cured, and therefore render a return quite improbable.

My first success occurred a quarter of a century ago. Mrs. N., a young wife of a farmer, was confined to her bed with an ovarian tumor, the size of a goose egg, so diagnosed by several competent physicians who had previously had charge of the case. On examination a firm, hard, ovular swelling was readily felt in the left iliac region, which by a vaginal exploration proved to be ovarian. The case was first seen by me on March 27th, and on May 4th following all traces of tumor was gone, and there was no return afterwards. The remedies principally used were *Apis* and *Arsenic* in the twelfth and thirtieth attenuations.

Since then I have treated many cases of tumors of the uterus and appendages and am seldom without a case. When the patient can be properly controlled benefit invariably accrues; some are entirely cured, others partially reduced in size, none have died in my care. Five have succumbed to operations performed contrary to my advice.

On January 8, 1893, was called to Mrs. T., whom I found bedridden and unable to attend to any of her household duties for many weeks. Investigation revealed the body of the uterus and right ovary merged into one solid tumor the size of a large orange, and having the density of a fibroid. After a few weeks' treatment the pelvic pains and tenderness disappeared, along with a decided diminution in the size of the tumor, permitting the patient to resume some of her former duties. After a year there was no evidence that a tumor had ever existed.

October 7, 1895, Mrs. M., middle-aged, spare habit, consulted me concerning a fibroid tumor of the uterus of the size of the impregnated uterus at the seventh or eighth month of gestation, with a corresponding abdominal protuberance. Within a fortnight another case called at my office so similar in bulk and other qualities that unless the two tumors were examined together it would be difficult to discriminate between them. They were of about the same age. The latter was a wealthy tourist who had already decided to seek surgical relief and was operated upon by a prominent laparotomist of Santa Barbara, but she did not survive the operation. The other, by far the more feeble, and with poorer constitution of the two, and who had been advised by celebrated surgeons of this city that she could not live but a short time unless she submitted to the knife, placed herself in my care. In three months her friends were asking her if she had undergone an operation, in consequence of the subsidence of the ab-

dominal enlargement which had previously been so noticeable. She was treated by me for over a year, when she removed to the East with the tumor reduced to such dimensions that she was not aware of its existence. A year later I received a letter stating that she was entirely free from all uterine trouble and thanking me for, as she termed it, having saved her life. Within the past year she has returned to Los Angeles, feeling so assured of the permanency of the cure that I have at present under treatment, among others, two cases of tumors sent through her recommendation.

Now, as to the treatment of tumors: There are no specific remedies for tumors *per se*. No two cases were treated alike. As Gilchrist says: "You must leave the tumor as much as possible out of sight; the symptoms of the tumor itself are few and not worth much—the patient's ordinary habits and the departure from the natural performance of all his bodily functions, the disposition and appearance, must all be taken into consideration."

I seldom waste time on a single remedy, extensive trial having convinced me of the economy and advantage of using more than one remedy at a time and without prejudice to the action of either. Comparisons of time and results in the use of single remedies have strengthened me in this belief. Other harmless adjuvants are also used, as topical applications of *Glycerine* medicated with the remedies prescribed, *Antiphlogistine*, elastic bandage, compressed sponge, electricity, etc.

Let any unbiased physician peruse the publication of the late Dr. J. Compton Burnett, entitled "Organ Diseases of Woman, Notably Enlargements and Displacements of the Uterus, and Sterility, Considered as Curable by Medicine," and accept the straightforward declarations of what he has accomplished in that line as one accepts evidence from any other honest, earnest, reliable source, and the conviction must follow that the surgeons have all too frequently and disasterously despoiled woman of the most precious and sacred part of her economy, a part capable of preservation by painstaking and intelligent use of medicine and other harmless remedial measures.

Why should woman, beautiful woman, be so ruthlessly dealt with, while man in his essence is more sacredly preserved? Why is a swelled testicle cherished, nursed and medicated back into normal proportions, while a swelled ovary is incontinently condemned and extirpated? Is it because of Deuteronomic anathema

which says : " He that is wounded in the stone, or has his privy member cut off, shall not enter into the congregation of the Lord."—*From Pacific Coast Journal of Homœopathy for March.*

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## MORNING-VOMITING AND CUPRUM METALLICUM.

By Dr. Berlin, Guben.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, April 1st., 1903.

Vomiting is one of the most frequent concomitants of various diseases of the stomach, e. g., of acute and chronic catarrh of the stomach, and in ulcers and cancer of the stomach. It mostly appears after taking food and is generally preceded by a sensation of nausea. But not unfrequently we find patients where the vomiting comes regularly and only early in the morning on an empty stomach (*vomitum matutinum*). In such cases food is not vomited usually, but only tough masses of mucus. Such vomiting is mostly caused by a chronic catarrh of the stomach, when it usually appears on leaving the bed, or it may be due to a severe catarrh of the fauces, of the faucal nasal cavity, or of the larynx, or a catarrh of all these organs.

When a patient comes, complaining of vomiting in the morning, everyone will justly first think of a drinking man, i. e., a man who drinks habitually, and this will generally be found correct. There is no need that such persons should get drunk every day, he will usually only drink three to four glasses of beer. Only occasionally is this measure exceeded. Most generally such a use of beer is attended by the injurious use of tobacco.

It is not always easy to decide the cause of this vomiting with habitual drinkers, whether it lies in the stomach or in the throat, or in both together. For with such persons we find at the same time a faucal catarrh as well as a catarrh of the stomach. It is well known that vomiting may also be caused from the throat by touching the root of the tongue or the posterior wall of the fauces. For the same nerve which supplies the stomach (*nervus vagus*) also supplies by one of its branches (*nervus laryngeus superior*) the mucous membrane of the fauces. So if the mucous membrane of the fauces is irritated, this same irritation is transferred to the

nerve of the stomach, causing vomiting. But from the mucous membrane of the fauces mucus can never be detached by coughing, as many think, but this always comes from the mucous membrane of the larynx and of the bronchiæ, as I would here incidentally remark. In catarrh of the fauces—where generally the larynx and the nasal-faucal cavity are also inflamed, there is always formed a more or less tough mucus, and when this is hawked up in the morning, and perhaps also mucus is hawked up from the larynx, or hawked down from the nasal faucal cavity, this mucus is a sufficient irritation to cause the inflamed mucous membrane of the fauces to produce retching and vomiting. The morning-vomiting is generally preceded by hawking and cough. I will here adduce two such cases :

1. Merchant B., before he entered on his military service—he has been discharged now for a few weeks,—used to drink considerable beer, and was even at that time afflicted with wrenching and vomiting in the morning. The youth was not then living with his parents, but was out of a place. As he otherwise felt well, he did not give much thought to it. While a soldier he did not drink beer so regularly, but now and then in larger quantities. The vomiting therefore did not pass away entirely, but became less frequent. When the time of military service was past, and the young man did not find a place at once, he stayed again for a few weeks with his parents, and now began again to drink beer regularly, three to four glasses a day, and the vomiting at once became worse again. When the parents became aware of this wrenching, the mother at once called me in to examine the son's stomach. On being questioned, he confessed to his drinking beer. The examination showed chronic catarrh of the stomach and fauces. I gave the patient *Cuprum met.* 4 trit., prescribing a dose the size of a bean, morning, noon and night before meals. He was directed to limit himself to one glass of beer a day, but I scarcely believe that he obeyed this direction. After taking *Cuprum* in a few days the retching ceased, and has not returned since, a space of three months.

2. Merchant F., who has a position in a factory, has been married for six years, and when a bachelor he had drunk bountifully. After his marriage he became "solid," but still continued drinking two to four glasses a day and one in the evening. His wife immediately after the wedding was astonished at his every morning's performance of retching and vomiting and she often tried

to induce him to be examined by a physician. But the husband would not agree to it. When the family physician came in occasionally the wife would every time mention her husband's ailment, but the doctor, knowing his impotence, would always shrug his shoulders or say that nothing could be done, that it would come right of itself. When the wife had an abdominal trouble and was massaged by me for some time she one day put the case before me and asked if it was really so; that her husband's ailment could not be cured, as it was so dreadful for her to see every morning this retching and vomiting of phlegm. I gave her *Cuprum metall.* 4. trit., directing it to be taken as above. That was in the afternoon and the patient accordingly took it only once that day, in the evening. On the second day after this, I heard that the retching had not taken place. I treated the wife for six weeks more, and during all that time there had been no vomiting, and the wife did not believe that her husband abstained from beer during the day.

I have often had occasion to prescribe *Cuprum metall.* for the *vomitus matutinus* of drinkers, and it has never left me in the lurch. So far as I can remember, I have never read anything in homœopathic literature of this use of *Cuprum metall.* and, therefore, thought it my duty to make it known. This use was discovered by Dr. Sauer, medical councilor in Breslau.

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## FROM MY PRACTICE.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, March, 1902.

### Castor Equi.

This is the excrescence found on the inner side of the legs of the horse, in size like a chestnut. It is darker in color than the hoof and exfoliates in scales. These scales are triturated for medicinal use. *Castor equi* is an old remedy, proved and introduced into therapy by Hering. It seems to be at present very much neglected, and yet it has done good services several times in my practice. Therefore, I would like here to recommend it. Its pathogenetic symptoms are quite various. For one thing, it causes unusual laughing without any particular cause, vertigo,

headache, nausea when rising in the morning, sour stomach, lack of appetite, swooning and epilepsy ; on the other hand, we find pains in the coccyx, friableness and exfoliation of the nails, warts, abrasions and chaps in the paps, with swollen breasts. Its effects more especially extend to the paps, the nails and the bones, and it especially causes pain in the coccyx and in the right shin-bone. *Thuya* is said to cure warts produced by *Castor equi*.

In practice it has been used in epilepsy, in splitting and friability of the nails, in pains of the coccyx, in warts (Burnett) and especially in *sore nipples*. The indications for the latter are : Sore, cracked open and chapped nipples, almost hanging down.

Thus there came to my office a woman of thirty-seven years, who was nursing her first babies. She had born twins, both boys. Though she had been married for fifteen years, she had not hitherto had any children, and since the obstetrician had advised her to nurse the children herself, owing to their feebleness, she was mortally afraid the babies might die of starvation. Both her nipples were so sore that nursing caused her the most exquisite pains, and the babes were on that account stunted in their nutrition.

The patient had, of course, tried all imaginable allopathic remedies, also all the domestic ointments recommended by her neighbors, before turning to Homœopathy.

I directed her to bathe the nipples in boiled lukewarm water and to anoint the sore places every time after applying the children to the breast with the following ointment :

<i>Castor equi</i> , trit., . . . . .	1 gramme.
<i>Lanolin</i> , . . . . .	5 grammes.
<i>Vaseline</i> , . . . . .	29 grammes.

The results were so rapid and satisfactory that the patient communicated my prescription to a neighboring woman who was in similar circumstances, and she was cured. The second woman communicated the prescription to a third woman, who simply copied it and had it prepared in an allopathic drug store. She was not cured.

I then gave her a correct copy of the prescription, and like the other women, she was cured in a few days.

I will mention here that this ointment quickly cures the chaps on the tips of the fingers with players on the piano and the violin, as I have had occasion to experience in several cases.

## An Action of Gelsemium.

Mrs. A., married, but childless, fifty years old, has been for five years troubled with the ailments of the climacteric period. Still the local congestions, frequent hemorrhages from the uterus, headache and rushes of blood to the head were generally assuaged with *Lachesis*. But to these symptoms there was at last added a peculiar headache, originating in the occiput, passing along the spiral column, with a more or less well defined inability to speak and write, also accompanied with some loss of memory. Since this headache appeared only temporarily and seemed to yield with the other symptoms to the doses of *Lachesis*, my attention was not at first particularly directed to this symptom.

But the patient lately had two teeth extracted without using any anæsthetic. This operation, as to which I had not been consulted, was followed by traumatic fever, which I quickly removed by means of *Arnica*. But scarcely had the fever disappeared when the headache described above returned with unusual violence, and this time *Lachesis* proved of no avail.

I then thought of *Gelsemium sempervirens*, the action of which I had seen described at length in Rich. Hughes' Pharmacodynamics. This remedy seemed to be the more suitable, as the pains in the spine now extended also to the lower limbs. So I prescribed *Gelsemium* 2, two drops every hour in a teaspoonful of water. Shortly after taking the second dose, the patient felt a decided improvement.

The patient has been seized several times since by this same ailment. Every time at the first indication of this threatened headache she takes her *Gelsemium*, which every time gives relief.

I, therefore, perfectly agree with Richard Hughes when he says that the *Gelsemium* congestion also extends to the spinal marrow; and in similar cases I shall always hereafter make use of this remedy.

## Cratægus oxyacantha and Natrum vanadi nicum.

Mrs. P., thirty years of age, married and the mother of four children—she is married to a German in Dijon—wrote to me last year: "I am quite in despair. My allopathic physician has left me because he cannot do anything more for me. My strength is gradually sinking, I have great dyspnœa, and my legs are swollen so that I can hardly walk any more. In my left arm I often feel

a pain which seems to radiate from the heart. The urine is somewhat excessive. In short, the doctor has confided to my husband that my case is incurable. But since my husband read in the *Leipziger Populäre Zeitschrift fuer Homœopathie* that Homœopathy possesses effective remedies, even in cases where allopaths despair of all cure, I turn to you with all confidence."

I asked the poor woman to call on me, and when she came to my office on December 15, 1901, I found on examining her that there was a pronounced *sclerosis of the aorta*, with a very noticeable *insufficiency of the valves*. The patient was accompanied by her husband whom I, in a covert way, notified that I might not be able, in this advanced stage of the disease, to be of any assistance, the more so as the compensatory disturbances were quite considerable and became especially noticeable by a severe œdema around the ankles. An examination of the urine showed eighteen centigrammes of albumen to the quart. Still I prescribed for the sinking of strength *Natrum vanadinicum* 3 c. trituration, as much as would lie on the tip of a knife, to be taken on the tongue dry at dinner and supper time. For her cardiac disease I prescribed *Cratægus oxyacantha*, five drops morning and evening in a table-spoonful of water.

On the 6th of January an analysis of the urine of the patient, who had returned home, showed twenty-three grammes of albumen. All the other symptoms were unchanged, only she felt somewhat stronger. I continued the same prescription for two more weeks.

On the 16th of January only traces of albumen could be discovered. The swelling of the legs was much diminished. The patient wrote me: "I can walk about again." There was no more talk of a sinking of the strength, and the dyspnœa was no more so severe. I advised them to discontinue *Natrum vanadinicum*. But since the pains in the left arm had re-appeared I prescribed *Spongia* 6, four drops an hour before dinner and supper, and *Cratægus* was continued, five drops morning and evening.

Thus the case proceeded with more or less improvement till April 18th. The albumen in the urine had disappeared, the swelling of the legs and the dyspnœa had vanished, there was no more pain in the left arm, but then the patient was seized with an inflammation of the bronchia.

The allopathic physician, who had been astonished at the progressive alleviation of the cardiac disease, determined to treat the

bronchitis, according to my advice, with *Bryonia*, and thus this intercurrent disease was quickly removed.

After she had recovered from her bronchitis I returned again to *Cratægus*, and in the beginning of May the patient gladly wrote to me: "People refuse to recognize me. No more blue lips, no more dyspnœa, no more swollen legs, no more pain in my arm; I can now quietly attend to my domestic employments, and cannot thank you sufficiently for your treatment."

At my request she again called on me toward the end of June. The troubles in the valves of the heart have not, of course, disappeared, but all the ill effects produced by this insufficiency have been entirely alleviated. The woman condemned by the allopaths to a quick death still lives and attends to her household without any particular trouble. I have advised her to continue with *Cratægus*, making a two days' intermission every five days, and also, every month, taking *Plumbum* 30 for one week, two drops every morning and evening.

She has since then been writing to me once every month to keep me informed as to her health, but no threatening symptom has appeared since then. The quantity of urine is regular and its contents in albumen fluctuate between ten centigrammes a litre to mere inconsiderable traces of the same.

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## BISMUTHUM NITRICUM IN CHRONIC VOMITING.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*

Mr. T., seventy years old, a military man, has up to a year ago never had any reason for being discontented with his stomach. But as a sequel to his campaigning he has been inclined to catarrhs and rheumatism. In March, 1901, since his obstinate rheumatism had gone to his feet, he used *Salicylic acid*, which agreed very badly with him. From lack of knowledge, he fell into serious errors as to diet during this treatment. To this were added mental cares and a fright from an unexpected painful piece of news which served to aggravate the situation. All this caused *severe vomiting* during the night. Since that time these attacks of vomiting have recurred at intervals of four to five weeks, sometimes at shorter intervals of two or even one week.

The first relapses were caused by mental emotions, vexation or also errors of diet; his rheumatic diathesis also came in as a prominent factor, as he noticed these attacks would come with a change of the weather.

Such an attack generally begins with *pains in the back*. These pains would then extend anteriorly into the abdomen and these also continued violently and for hours after the vomiting.

He went to the Springs at Kissingen for this ailment and remained there for six weeks. This had a good effect in so far as the Rakoczy Spring, and the baths almost entirely removed the rheumatism. But Kissingen had not any appreciable influence on his attacks of vomiting.

In the middle of January, 1902, the patient went to R. to the clinique of Prof. M., specialist in stomach troubles. His treatment there lasted for six weeks and a-half and consisted chiefly in a daily rinsing out of stomach with the stomach-pump, in massaging the stomach and in daily hot and wet compresses on the abdomen. In the forenoon and in the afternoon he had to lie in bed for two hours.

The effect of the treatment consisted in an increase of the appetite and thus also of his strength, as he had before that been much reduced in flesh. The treatment seemed, however, to be without effect with respect to the periodical attacks of vomiting.

All his physicians agreed in the opinion that the vomiting was of a *nervous character*, and that the stomach itself was sound, and only periodically stops its work. Prof. M. claimed to have indisputably settled this point in his daily rinsing. He also concluded from the evacuations that the bowels secreted too much mucus, so that the pains in the abdomen might be at times considered as a consequence of "mucous colic." There was a constant tendency to costiveness. Up to a year ago, mild remedies, such as stewed fruit, had sufficed for a remedy. But since his attacks of vomiting, stools have hardly ever been obtained except after the injection of water or the use of bitter waters (Apenda).

In the more severe attacks, there is not only an injection of the contents of the stomach, but there is also a regurgitation from the bowels into the stomach. After every attack, the quantity of urine is much diminished, and it is very dark and becomes turbid on standing.

During etiological moments (mental emotions), and in view of the nervous character of the ailment, I gave first, on March 24th, *Ignatia*, following it with *Nux*.

On March 31st, the patient supplemented the account of his disease, *i. e.*, he answered some questions put by me, as follows:

1. The appearance of the tongue was formerly good, but is now bad after every attack of vomiting and diarrhœa, and this for several days according to the violence of the attack. The bad appearance of the tongue is usually accompanied by a bad taste in the mouth.

2. Since my youth I have been accustomed to smoking, but never smoke many cigars, nor strong ones.

3. I have no heartburn, but, as mentioned before, I frequently have a sour taste in the mouth for the first days after an attack.

4. My daily drink has been Moselle wine at dinner, and beer in the evening, but these have been forbidden by my physician, and I now drink only a glass of Bordeaux wine at dinner.

My appetite is worse and capricious.

After *Ignatia* and *Nux*, the patient received *Bismuthum nitricum* as the leading remedy, in the first centesimal trituration, and on account of the sour taste in the mouth *Natrum phosph.*

On May 8th he reported: *I can only be highly satisfied so far with the effect of the remedies.* My appetite is good. I suffer much less from flatulence and distended, hard abdomen, and feel much better in general and look better. I have not had any attack of vomiting since the 20th of last month. There has been no change so far in the stools. They are quite insufficient without a preceding injection of water. "The patient then visited Kissingen again and is now content with his condition."

I ought still to add in what manner *Bismuth* and *Natrum phosph.* were given. For one week a dose of *Bismuth* as large as a pea, morning and evening, the next week a similar dose of *Natrum phosph.*, continuing to alternate week after week. While at Kissingen the medicines were stopped.

Meeting my patient on the 14th of June. I was surprised at his healthy appearance, and he once more confirmed the good effects of the powders.

On August 9th he wrote: *I have reason to be satisfied with my six weeks' stay in Kissingen so far as the effect on my stomach is concerned.* I have had a good appetite during the whole time and have had no recurrence of the vomiting.

## IODINE THE CAUSE.

By Dr. Schlegel in Tubingen.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*

On the 10th of February the wife of Professor J., of R., came to my office. She is thirty-two years of age, and looked to be reduced in strength from her former appearance, anæmic and of greenish complexion. She complains of a very decided loss of strength and dyspnœa, especially while walking or when mounting stairs. There was a hissing sound in her chest, a slight, short cough and some burning on the left shoulder. The feet are cold, the nose dry, the appetite defective and capricious, and occasionally she has "an extraordinary hunger." According to the patient she was suffering from emphysema. This was demonstrated by another authority, and she wants to be *examined* so as to know where she stands.

There were a number of patients present and I offered to examine her chest some other time.

"But will you permit me to examine the matter to-day *in my way*, namely, by more thoroughgoing investigations than a physical examination of the chest would likely furnish. Have you any fever?"

Ans.: "Yes, a quick pulse and much chilliness."

Ques.: "Do you like warmth?"

Ans.: "Oh, no; I cannot stand it."

Ques.: "Do you like to cover up warm at night?"

Ans.: "No, as little as practicable."

Ques.: "Have you palpitations of the heart?"

Ans.: "Yes, a good deal."

Ques.: "Do you like at such times to rest, to sit down or lie quiet?"

Ans.: "I am very restless."

"Now, I think, we have found out something. You have surely been rubbing somewhere with *Iodine*."

Here her husband interjected: "Yes, a whole bottleful of tincture of *Iodine*, first on the knee and latterly in the neck."

I so often find these rubbings with *Iodine* and their injurious and characteristic sequelæ that I take this opportunity of nailing down this case. The "hunger" in her disease-picture presented

a striking symptom; then the other characteristics all fit in most exactly with the peculiarities of poisoning with *Iodine*. Any thinking medical man would have to acknowledge that our *Materia Medica* is founded on the laws of nature when he sees how a few questions enable me to draw a correct diagnosis, and, indeed, a diagnosis going back to the very cause of the disease, and not one which is satisfied with a merely pathologico-anatomical determination of the nature of the disease.

Even a layman must be struck by it and must acknowledge the truth of Homœopathy, which enables us to make such an investigation so successfully.

For here the essential nature of the disease is at once disclosed, and we are thereby enabled to at once institute a "causal therapy," consisting simply in stopping the abuse of *Iodine* and removing this evaporating preparation from the dwelling. But, not satisfied with this, we at once prescribe a functional antidote. In such cases I usually prescribe a drop of Levico Water, morning and evening, until the grosser symptoms have vanished, when the coast is clear for the more refined agencies of Homœopathy.

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### A SEPIA CASE.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, April 9, 1903.

A woman, aged thirty-seven years, a brunette, the mother of three children, all still living.

*Mind*, sad, despondent, weeping easily, despairing of her recovery; she has been told that only a surgical operation could give relief.

*Headache*, dull, frontal, almost constant since two years. Heat in the vertex, worse when moving much and going shopping. Nausea, with emptiness of the stomach; worse from the smell of cooking viands.

*Stomach*, sensitive to pressure. A sensation of swooning, of goneness with nausea; worse three to four hours after meals; sensation as if the stomach was coated with mucus.

Ill effects from *lifting anything heavy*.

*Abdomen*, sensation as if there was a load hanging down, with backache. Sensation of bearing-down, as if everything was coming out; she has to sit down and cross her legs.

Worse from standing and walking.

Better when walking fast.

*Menses* regular, but often sparing, pale and painful; or dark, mucus and more copious.

Worse when she is quiet, by night.

Sensation as if the uterus pressed upon the rectum.

When the menses are copious she feels better.

A manual examination showed that the perinæum was in order, but the uterus was enlarged, prolapsed and slightly retroverted. No adhesions.

The complex of symptoms plainly pointed to *Sepia*, which was given, when the headache disappeared, keeping step with the improvement in all the other symptoms. This was succeeded by a copious leucorrhœa, yellow and thick, which continued for two months, without any other ailments. This gradually ceased, but was followed by an itching eruption, spread over the whole body, calling for the use of *Sulphur*. This was then finally followed by a complete cure, as well with respect to the tissues as also in the psychical symptoms.

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## BOOK NOTICES.

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**Homœopathy ; Especially in its Relation to the Diseases of Women, or Gynæcology.** By Thomas Skinner, M. D., London. Fourth edition, greatly enlarged. 104 pages. Cloth. Homœopathic Publishing Company, 1903.

Dr. Skinner says that since the first edition of this book saw the light in 1875, every year has but confirmed him in the belief that all the diseases peculiar to women can be cured by constitutional treatment alone, and that local treatment is not only unnecessary but frequently hurtful and not devoid of danger. "This is a strong statement, but the author thoroughly believes in its truth and tells how to cure with medicine. Dr. Skinner is commonly believed to be an extreme high potency man. But he says on page 74, "The system of Hahnemann, which has many and various interpreters, admits of no such division as that of low and high-potency men. It is a mere trick of the arch enemy of mankind and of truth to break our ranks, by destroying our unity. I believe in and use in my practice every potency from the first upwards." The book is original, well written, and full of good points for those responsible for the treatment of women. Needless to add, that it is a genuinely homœopathic work.

**International Homœopathic Medical Directory, 1903.** Ninth year of publication. London Homœopathic Publishing Company, 12 Warwick Lane, Paternoster, Row E. C.

It seems to us that it would be well for more of the homœopathic physicians of the United States to go into this valuable directory. The cost is \$1.00, including a copy of the work. The London, England, address is given above.

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**Comment on Defend Sa Sante par l' Homœopathie.** Par le Dr. Charles Clervoy. Paris 1' edition Medicale, 64 pages. Paper.

A little pamphlet, giving an outline of what is Homœopathy and of the uses of the leading remedies and treatment for various diseases.

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**The Practical Treatment of Cholera.** By Dr. H. C. Chatterja. Calcutta. 22 pages.

A short and clear description of the disease and its homœopathic treatment in all stages. It is a pity that the treatment here advocated could not be given to the cholera scourged Philippines; if that could be done there would be no 70 per cent. of deaths as is now the case.

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**Veasey's Ophthalmology.** A Manual of Diseases of the Eye. For Students and General Practitioners. By Clarence A. Veasey, A. M., M. D., Demonstrator of Ophthalmology in Jefferson Medical College, Philadelphia. 12mo. 410 pages, with 194 engravings and 10 full-page colored plates. Cloth, \$2.00, *net.* Lea Brothers & Co., Publishers, Philadelphia and New York.

As an authoritative and convenient manual of practical ophthalmology, this new work by Dr. Veasey is likely to prove a favorite. It is written for students and general practitioners, two classes of medical readers who should assuredly be or become familiar with all that is contained in this attractive little volume. Specialists naturally prefer the large and exhaustive works, but even they will find compendious manuals, like the present, convenient for prompt reference. The author has shown excellent judgment in what to include and what to omit—a very important matter for the reader. He has been guided in this by his ex-

perience in teaching both under-graduate and post-graduate students, and this same teaching ability is manifest in the systematic, practical and concise manner in which he has marshalled and presented his facts.

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**Eclectic Manual, No. 6.** The Essentials of Modern Materia Medica and Therapeutics. By John William Fyfe, M. D. With a complete formulary, compiled by George W. Boskowitz, A. M. M., D. Cloth. 344 pages. \$2.00. Cincinnati: Scudder Brothers Company. 1903.

This is a boiled down manual of Eclectic Materia Medica, covering nearly, or quite, one thousand remedies. It runs in this order, "Common name," "Natural order," "Part used," "Descriptions," "Dose," "Usual prescription," and "Indications." Rather more space is devoted to *Cratægus oxy.* than to the older and better known drugs, and it is pronounced to be a remedy of great power in both functional and organic wrongs of the heart. A useful little book.

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**The Oceanides.** Poems and Translations by Percy W. Shedd. 203 pages. Cloth. New York. The Crafton Press.

A very interesting collection of original verses, with translations of gems from the poesy of Sweden, Denmark, Germany and other tongues, somewhat out of the beaten track, that will interest any one fond of verse.

So much to do, so little done:  
The old myopic rune doth run;  
As though the stars, the sea, the sun,  
Were much concerned at what was done.

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Boericke & Tafel, the homœopathic pharmacists and publishers, have issued five pamphlets which are styled the Homœopathic Pamphlet Series: No. 1, "What is Homœopathy?" No. 2, "Evidences of the Truth of Homœopathy." No. 3, "The Small Dose of Homœopathy." No. 4, "Hahnemann." No. 5, "What Homœopathy Has Accomplished." It should be one of the requirements of every homœopathic medical college in the country that students should have read the entire series before becoming students in a homœopathic institution; and furthermore, any professor or instructor not having read these little literary gems, and

subscribing to their teachings, should be under immediate suspicion of being "agin" the faith of Hahnemann.—The Critique.

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**A Text-Book of Clinical Medicine: Principles of Diagnosis.**

By Clarence Bartlett, M. D.

"As in the case of most works, we can generally get a correct view of the aim of a book by looking to the preface, and so are able to judge fairly of its merits, so in this handsome volume. Dr. Bartlett, in his preface, states his aim clearly and fully. He says: "In presenting a review of practical medicine one may proceed in one of two ways. He may adopt the method in vogue for many years, that of describing clinical pictures of the various diseases, presenting details as to their etiology, symptomatology, diagnosis, prognosis and treatment; or he may approach the subject from the opposite standpoint, describing the various symptoms which go to demonstrate that a person is ill, and give details as to their clinical relation and diagnostic significance. Inasmuch as the latter plan follows the line of argument one employs when examining the case, it may be called the clinical method. The old or established system of teaching medicine has its advantages; otherwise it would not have preserved its popularity even unto the present time. But it has its disadvantages, which become more and more obvious as we have forced upon us the truth of the axiom, 'We must treat the patient, not his disease.' To label a grave case of illness with the name of one or the other disease described in the standard works on medicine is not making a diagnosis, because the standard clinical types as described in such works are the exception and not the rule. We must, therefore, be able to proceed still further in our conclusions, and obtain an adequate conception of all the pathological changes taking place in the patient in whose case we happen to be interested, even though we are unable to present our conclusions in the shape of some set title. All of these associated changes cannot be studied practically according to the old system of expounding the principles of medical practice. Approaching the subject from the reverse side—the clinical—the study of cases becomes interesting and easier. The problem is solved, not by matching the case in hand with the type as described in a standard text-book, but by a process of reasoning. This method of study is, in reality, the only one possible in unravelling the mysteries

of the majority of cases of chronic disease. The present work has been in mind a number of years and was prompted by the above thoughts. Another advantage in presenting a study of medicine according to the clinical method is that one finds greater opportunities for describing methods of treatment. Everyone is well aware that the treatment of some one disease *per se* takes but a few words to describe—and even those few words are unsatisfactory—and yet it is possible to say much concerning the treatment and management of patients who are suffering with that disease. So, when the present work was planned, the author decided to include chapters on therapeutics, based upon those devoted to diagnosis. It was quite a problem with him, at first, to decide how the subject-matter should be arranged—*i. e.*, whether he should follow each diagnostic chapter with appropriate therapeutic remarks or have one volume devoted entirely to diagnosis, the other to treatment. The latter course was finally decided to be the better, as it makes the work easier for reference and consecutive reading, and each volume becomes complete in itself." This is a long excerpt, but it describes the book and its aims more clearly, and in the author's own words, than any description of ours. It will be observed that the aim of the book is unique and the accomplishment of it perfect. The amount of detail is enormous and yet it is put so clearly and fully that it is easily read, and will be found an immense help in studying cases of disease and elucidating the meaning of the symptoms, both objective and subjective. It would be almost impossible to quote a sample of the work without enlarging this notice to an unwarranted length. All is so good that we must refer our readers to the work itself. The chapters on the examination of the blood, the urine, sputum, and all secretions are admirably full and lucid. There are about 250 excellent illustrations, which elucidate the letterpress.

Dr. Bartlett's work cannot fail to become the standard textbook on diagnosis in both America and Great Britain, and we advise every one of our readers to add it to his library as an invaluable source of reference.

We shall look with interest to the promised second volume on therapeutics, and if it is as good as the present volume it will be, indeed, an inestimable addition to our standard medical works on Homœopathy.

We congratulate the author on his work and wish for it a very wide circulation."—*Monthly Homœopathic Review, London.*

# Homœopathic Recorder.

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## EDITORIAL BREVITIES.

ALLOPATHIC-HOMŒOPATHIC MEDICINES.—An English physician writes us that “the greatest drawback to Homœopathy in England is the allopathic drug shops who handle homœopathic drugs. They are regular black eyes to Homœopathy.” They do everything in their power to injure Homœopathy and are reluctant in giving the address of homœopathic physicians to inquirers. The inference is that the medicines they supply are not in all cases reliable. All this bears out what Professor John Uri Lloyd recently wrote in the *Eclectic Medical Journal*, namely:

“Physicians of the homœopathic school should bear in mind the fact that their school has been made a possibility by the good work given them by their homœopathic pharmacies. Had it not been for this care, in our opinion, there would to-day have been no homœopathic school of medicine. To have depended on the remedies evolved by their antagonists or rivals would have been suicidal. To have attempted to practice—much less build up an aggressive school in medicine—by depending on remedies found in commerce, would have been fatal.” It is the part of worldly wisdom to deal only with reliable homœopathic pharmacies, or when buying from allopathic drug stores to buy only medicines in the original packages as they come from the homœopathic pharmacies. To buy “our own preparation of homœopathic medicines” from allopathic houses is more or less suicidal to any homœopathic physician’s practice. Some homœopathic physicians seem to have a fixed idea that the homœopathic pharmacist “makes too much money” and to resent that supposed fact. But the truth seems to be the other way—at least we have heard of three homœopathic establishments in the United States that have

closed their doors since the first of the year and the London homœopathic journals tell us that three have suspended in England in that time. If the day ever comes when Homœopathy has to depend on Allopathy for its medicines that will be the end.

ODORS OF DISEASE.—The newspapers are publishing scare-heads over a cablegram from Paris to the effect that a physician there, Dr. Noel, has discovered that "physicians with trained noses can make correct diagnosis of disease by seeking its characteristic odor."

Readers of the Recorder will remember the notable paper on this subject, bearing the above head, that appeared in June, 1901. As this paper received the honor of translation and publication abroad, it is easy to see where the alert Parisians got their inspiration. The article in the Recorder was the first in medical literature, as far as we are aware, and covered a long range of diseases. It was by Dr. W. B. Clarke, of Indianapolis, being his paper before the Homœopathic Medical Society of that city.

A GREAT AGE.—Out in some Missouri town, the local legislature, animated by a noble spirit of moral reform, passed an ordinance forbidding women from wearing short skirts, or, in other words, they must not make a display of their hosiery. Per contra a New Jersey Board of Health, with heroic determination to protect the public from bacilli, have forbidden the women under its jurisdiction from wearing long skirts, which as every one knows sweep up every present microbe. The result, we bet, will be that the fair ones will do as fashions dictates.

THE "OLD DOCTOR."—Dr. C. D. R. Kirk warns the "old doctors" who are seeking a young partner who will do the hard work that it won't do; for the first thing he knows the younger, and more active man, can command all the practice and—with maybe a few exceptions—will do so, and the old doctor will be left stranded. Better fight it out to the end alone, advises Dr. Kirk, and the "old doctors" will end with "more money and much more glory." All which is condensed from the May number of the *Eclectic Medical Journal*, for what it is worth.

"HANDLE WITH CARE."—The *Eclectic Medical Journal* for May has the following on Antitoxin: "That accidents should follow the use of antitoxin is not surprising when we consider the nature of the serum and the method of administration. These

accidents may be local or internal, and occur in an hour or not for several days. The local manifestations are suppuration at the point of puncture, and spreading, œdema more or less extensive, and various skin eruptions, erythemic or pustular, limited or diffuse. The more serious and alarming general symptoms may be those of collapse, or pulmonary implications. Cases of fatal syncope have occurred as late as ten hours following the injection, and in some cases cardiac affections have not developed until fourteen days after the introduction of the antidiphtheritic serum into the body. However efficient antitoxin may be in the treatment of diphtheria, too much care cannot be taken in its application, and a sharp lookout should be maintained for untoward effects."

SANTONIN.—Dr. Brodnax in *Medical Summary*, April, in a paper on *Santonin*, after relating its clearing up some bad cases by causing patient to pass a large number of worms, goes on to say: "I have noticed that those who took these doses commenced to fatten up almost immediately—that the urine was more plenty, though high in color. Now, I thought, how would three to five grains three times a day do in cystitis? I tried it, and in this it was a success, supplanting, to some extent, my old mode of nitrate of silver in the same trouble. That is, where the case was not acute.

This effect on the urine led me to use it in a case of gonorrhœa that had run its first stage, and become somewhat chronic. Three grains three or four times a day, reduced to twice daily at the end of a week, resulted in a cure in less than two weeks. I have since then used it alternately with carbolic acid, two grains of Santonin, two drops of acid, alternate every four hours, in acute gonorrhœa, with result of disappearance of all symptoms in from fourteen to eighteen days."

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#### NEWS ITEMS.

R. A. Harold Nash and some of his colleagues have established a homœopathic hospital in Sydney, Australia.

Dr. S. A. Demarest, of Glens Falls, N. Y., has removed to West Eaton, N. Y.

Dr. Bailie Brown has moved from Putnam, N. Y., to 104 Hancock Ave., Jersey City, N. J.

IMPORTANT NOTICE.—The June number of *The Clinique* will be of unusual importance to all who practice medicine and surgery. It will contain special clinical reports in each department of practical medicine, general medicine, surgery, eye and ear, nose and throat and all important divisions. Each will have a report of a series of cases of great importance. This number will have an especially handsome cover and will be sent to any address for 20 cents in stamps in advance. Address, *The Clinique*, 2813 Cottage Grove Avenue, Chicago, Illinois.

The Arkansas State Homœopathic Medical Association was organized on April 15th, with Dr. W. E. Green of Little Rock, as President ; Dr. V. H. Hallman, as Vice-President ; Dr. Zuber N. Short, of Hot Springs, as Secretary and Dr. P. C. Williams, as Treasurer.

Dr. F. Mortimer Lawrence, of Philadelphia, is engaged in post-graduate work in pathology and diagnosis, in Johns Hopkins Hospital, Baltimore.

Dr. H. Llewellyn, of La Grange, Ill., is interesting his friends in mining investments. The Doctor, who has made large investments himself in Oregon mines, is fully and reliably informed as to the possibilities of these mines.

Dr. Chas. Gatchell delivered the address to the graduating class of the Hahnemann Medical College, of Chicago on May 7th. His speech was replete with up-to-date common sense suggestions, and optimistic utterances, and was an oratorical success.

THE Indiana Institute of Homœopathy meets at Indianapolis on June 9-10. Dension Hotel.

California State Homœopathic Medical Society met at Los Angeles, May 13-15th.

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PERSONAL ITEMS REGARDING THE LATE  
MEETING OF THE NEBRASKA STATE HO-  
MŒOPATHIC MEDICAL SOCIETY,  
HELD AT LINCOLN, NEB.,  
APRIL 27-29th.

This meeting was largely attended and the doctors very enthusiastically favored the maintenance of Homœopathic Individuality and rejected the invitation of the Dominant School to join them simply as physicians.

Dr. W. A. Cate and wife, of Nelson, Neb., were in attendance. Mrs. Cate is much interested in the study of Homœopathy and acts as assistant to the doctor in his work.

Dr. F. B. Righter, of Lincoln, Neb., took a leading part in the meeting. He is one of the pioneers in Homœopathy in the West and has a very large select practice.

Dr. Frederick Teal, of Omaha, Neb., late Medical Director and Superintendent of the Norfolk Insane Asylum, entered into many of the discussions. Dr. Teal, although a young man, is recognized as an authority in mental and nervous disorders. He is a conscientious homœopath, and offers as one proof as to the correctness of his convictions the fact that the mortality rate was much less under his administration at the asylum than during the terms of any of his predecessors, who were allopaths.

Dr. A. R. Van Sickle, of Hastings, Neb., the wit of the Society, was on hand and kept all in good humor.

Dr. F. B. Way, of Wahoo, Neb., was elected president for this year. We predict a highly successful administration for him.

A hearty applause and discussion followed Dr. F. A. Winter's (Adams, Neb.) paper, on the "Selection of the Remedy," showing that the doctors present fully appreciated a genuinely homœopathic paper.

The physicians of Lincoln tendered the visiting doctors a banquet at the Bailey Sanitorium. It was a very enjoyable affair. The speeches, which followed a very elaborate dinner, were impromptu.

### Other Nebraska Items.

The B. F. Bailey Sanitorium, of Lincoln, Neb., is one of the best equipped and managed institutions of its kind in the country. Under the masterly management of Dr. B. F. Bailey it is showing a record of results that is enviable.

Omaha, Neb., is to be congratulated on having so large and able a list of women homœopathic doctors. Drs. Clark, Holmes, Lankton and Swetland are among the women physicians who are engaged in active practice. They are always busy.

Hon. Wm. Jennings Bryan, late candidate for President of the United States, is an ardent homœopath. Dr. F. B. Righter, of Lincoln, Neb., has been his family physician for many years.

## PERSONAL.

An old doctor had great success in treating piles with *Aconite* and *Sulphur*.

When a girl's cheeks are rosy without the aid of art it can be truthfully termed a straight-flush.

Dr. Wm. J. Martin has removed to the corner of Centre Ave. and Graham St., Pittsburg, Pa.

It is easy to separate from good intentions.

Some people, says Howells, can stay longer in half an hour than others can in a week.

The *Homœopathic News* (Luytie's) suspended publication on the first of January

All change is not necessarily "progress." Real progress is rare.

The New Orleans *Times-Democrat* says that men should say "God grant I may be worthy of my dog."

Again is the swat of the ball on the bat heard in the land.

A cynic asserts that all men marry actresses.

He asked her in the restaurant if she would have a lobster and she replied, "Ask Papa."

A mouse can make a sorosis meeting look like a hosiery show.

A doctor (England) asks why the tongue lasts longer than the teeth? Give it up, but when the tongue goes the man follows, but when the teeth go the D. S. puts in new ones.

The International Homœopathic Directory has just eighteen names from the United States. One dollar gets your name in and a copy of the Directory.

"For it has pleased the Creator to put a great many talkers into this world and only a few men of action to make its history."—*Merriman*.

Dr. Graybill says that *Malandrinum* will benefit or cure a very large number of skin diseases.

A new edition of Gatchell's *Pocket-book of Medical Practice* is announced.

As a rule the bride and groom each think they have won the capital prize in the matrimonial lottery, at first.

When a land becomes too densely populated nature sends a pestilence to make more room, so say the philosophic.

Olive oil is very rapidly supplanting cod liver oil in many quarters.

Chicago *Tribune* says there are 2,000,000 "smoke consumers" in that town.

Subscribe for the RECORDER.

# THE HOMŒOPATHIC RECORDER.

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VOL. XVIII.

LANCASTER, PA., JUNE, 1903.

No. 6

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## ON THE PROVINGS OF PICRIC ACID.

*"In making the trials, the low and high dilutions were both employed in the same persons, where it was practicable; and he who does not or will not see the resemblance of the symptoms severally produced by them is to be pitied—but to perceive the difference requires practice and close observation."*

*Constantine Hering.*

To the thoughtful student who shall read the day-books of the provings of *Picric acid* nothing will be more striking than the difference in the response of the organism to large and to small quantities of this remedy. The meagreness of Parisel's symptomatology plainly demonstrates that *quality* rather than *quantity* is the chief factor in revealing the *genius* of a drug.

Within two hours Parisel ingested the equivalent of seventy-seven grains of our 1x trituration of *Picric acid*, and on the evening of that very day he observed the urinary and integumental discoloration that denotes "picratization," or blood-saturation with the acid. It is not *Picric acid per se* that colors the urine; this coloration is owing to the presence of the isopurpurates of potassium and of sodium. The potassic and the sodic salts are abstracted from the red blood-corpuscles and the plasma respectively. It follows, then, that the symptoms recorded by Parisel are not owing to *Picric acid* pure and simple. When it is taken in gross quantities the chemical affinities interfere with the pure pathogenetic action of *Picric acid*. The provers taking attenuations of this drug, and especially of the 30th, did not find any urinary and integumental discoloration; their symptoms it is that reveal the so-called and miscalled "physiological action." It is, then, a violation of the truly scientific method of investigation to try to

discover the pathogenetic effects of *Picric acid* by means of a compound of that acid with the salts of the blood.

At the same time Parisel's symptoms, meagre as they are, show that *Picric acid* when taken in even gross quantities produces effects peculiar to itself, as *Picric acid*; symptoms that we are obliged to consider characteristic of the uncombined acid.

We recognize these symptoms as being *generic*, and we may avail ourselves of them to enable us to detect their analogues in the provings made with immaterial quantities of this agent. We may also by these generic symptoms determine the legitimacy of symptoms produced by *Picric acid* when it is taken by provers in doses of the "high dilutions." Of course it is the whim of the hour to deride and deny the validity of the provings so made; but the fact of the pathogenetic potentiality of such potencies is like Banquo's ghost, it will not "down" at the bidding of clique or cabal. Science is not dependent for its truths on the count of noses that is so influential in politics. Truth laughs at majorities, and the majority is happy in not knowing it!

\* \* \* \* \*

Parisel's first symptoms were of cerebral origin and they occurred in one hour after the ingestion of his "horse doses." After three hours he observed symptoms referable to the spinal cord: "Great general weakness, obliging me to take to the bed. After a short walk rest was still necessary."

Here we see plainly enough the order in which *Picric acid* attacks the organism; Parisel has given us the method and the type.

With these generic symptoms of *Picric acid* as a clue we can thread the labyrinth of the other provers' symptomatology safely, intelligently and with the accuracy that science demands. We need not vex ourselves about the "doses." It is no longer a question of the *quantum*, but of the *quale*, and both preconception and prejudice are ruled out of court.

In a paper read nearly thirty years ago before the New York County Hom. Society its author said: "In brief, an universal prostration, psychical as well as physical, is the distinguishing feature, and *speedy exhaustion from slight exertion* the grand characteristic of this remedy. One single word portrays the generic action of *Picric acid*: ASTHENIA."\*

The *adynamia* first noted by Parisel, and also observed by him

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\*New York Journal of Homeopathy, vol. xxxiii, p. 449, May, 1875.

in a hospital patient, is recorded by ten out of the fifteen homœopathic provers. It must then be ascribed to the drug taken.

Turning now to the list of provers in Allen's Encyclopædia we find that prover number 8 ascribes this symptom, *adynamia*, to the 1x dilution of *Picric acid*; so do provers 15 and 18. Prover 14 attributes it to the 2x.

Given a generic symptom experienced by twelve out of eighteen experimenters with the same drug, we are justified in ascribing the symptom, *adynamia*, to the producing agency of that drug.

Of the ten homœopathic provers, five record this same generic symptom (differing only in degree) as following the taking of the 30th potency. These are provers numbers 4, 5, 7, 11 and 12. Prover number 9 attributes it to the 25th potency.

Be it observed that none of the homœopathic provers knew a word of Parisel's testimony concerning the action of the drug they were taking, and yet, of the fifteen provers, *ten* afford corroborations of Parisel's experience. This, therefore, cannot be from collusion. Their testimony must be regarded as unimpeachable evidence of this property of *Picric acid* to induce *asthenia*.

But, of the ten homœopathic provers thus testifying, why do we accept four as evidence of this quality of *Picric acid*, while we reject similar evidence from the other six? 'Because!' Will the reader carefully note that it is *because*, not *by cause*; a distinction with a far reaching difference!

In the English *Cyclopædia of Drug Pathogenesis* the testimony of provers 4, 5, 7, 8, 9, 11 and 12 is excluded, and this exclusion is a direct violation of the 9th article of the "Instructions" according to which the work was compiled.

"Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below." Yet in the corroboration of this generic symptom of *Picric acid*, six of the corroborations of Parisel's *asthenia* are obtained "from attenuations above the 12th decimal."

The dead are entitled to the charity of silence, but it is respectfully submitted that the "consultative committee" (so many as have survived) should take their medicine without making faces.

The homœopathic provers of *Picric acid* were not seeking to substantiate any posological predilections, but to derive a pathogenesis; and the integrity of their intent is shown by the fact that failing to observe any response from a certain potency the descent to another was made. Prover number 4 is an instance. He took

the 30th for four successive days and failed to find "any results." On the fifth day the first centesimal was taken, and seven hours later the well-known supra-orbital pain of *Picric acid* set in. On the third day thereafter he "awoke with very strong erections"—*the mint mark of Picric acid in the New York Homœopathic College!* (Seemingly, the student *penes* in that latitude are exceedingly sympathetic! Is it because the State motto is "Excelsior?")

At the end of her day-book, prover number 12 states, "Did not know what I was proving until I had finished"—the remedy and the potency having been supplied by Professor T. F. Allen—yet this prover reports a "languor so excessive" that she had to cease taking the potency because the debilitating effects, to use her own words, "unfitted me for my daily work." Seven and one-half grains of the crude *Picric acid* obliged Parisel "to take to the bed;" the 30th potency renders another person unable to *do her daily work*. Some "scientists" accept Parisel's testimony because he took crude doses, but reject other testimony, the truth of which Parisel's statement goes to prove, only because it is derived from intangible doses. "But," say the *atomites* of Homœopathy, "it was doses of *nothing* that were taken." Well, how did the prover evolve out of her imagination adynamic conditions that are in full consonance with those ascribed by Parisel to the crude agent?

Prover number 6 was accepted by the editors of the English "Cyclopædia" when he testifies to the effects of the 5th potency, but his observations when taking the 30th were rejected by the same editorial compilers. Yet the symptoms of the head recorded by this prover as following the use of the higher potency are of the same order as those given by Parisel: "Heaviness of the head," says the French prover; "full, heavy headache in the vertex, worse when stooping and moving the eyes," says the American—whose noting of the precise location and of the characteristic modalities denotes that he is a closer observer than Parisel.

Verily, it is hard to kick against the pricks of pathogenetic facts!

The first, in the order of publication, of the New York Provings of *Picric Acid* was rejected by the Editor (the *Cyclopædia* had, in fact, only one editor) of the English up-to-date *Materia Medica*. That this procedure was in contravention of the ninth article of "Instructions" it is now in order to demonstrate.

Proving of J. Lance, Jr., with the 30th Potency.	Proving of Others, with the Potencies Specified After Each Symptom.
Ears began to burn and look puffy.	Burning sensation in external ears. <i>J. D. Baker.</i> 1x.
Heavy (fullness) dull pressing pain in the head, as if full of blood.	Heaviness of head, alternating with the sensation of emptiness. <i>Parisel.</i> Crude substance.
	Fullness and heaviness of head. <i>Taber.</i> 1x.
	Headache of a heavy, blinding character, with great fullness. <i>Garmon.</i> 2x.
Conjunctivæ injected.	Conjunctivæ greatly inflamed. <i>Taber.</i> 1x.
Everything seems blurred, as if looking through a fog or thick veil.	While reading, sight is blurred. <i>Taber.</i> 1x.
Saliva white, frothy and stringy; hangs in long strings to the floor.	Profuse frothy saliva hangs in long strings to the ground, <i>Couch.</i> (Lethal poisoning of a dog.)
Very great thirst.	Great thirst. <i>J. D. Baker.</i> 1x.
Nausea second day.	Slight nausea for an hour or two after taking the drug. <i>Taber.</i> 1x.
Loose stools.	Four thin stools, with great prostration. <i>Parisel.</i> Woman.
Great sexual desire, with emissions.	Terrible erections, followed by profuse seminal emissions. <i>J. E. T.</i> 1x.
Pulse weak and small.	Pulse 48, small and feeble, difficult to feel. <i>Parisel.</i> Crude.
Great heaviness in the extremities, especially the left; legs feel as if made of lead.	Great heaviness of both legs. <i>W. S. F.</i> 1x.
	Great weakness and heaviness of lower limbs. <i>J. E. T.</i> 1x.
	Legs felt heavy and could hardly go another step. <i>Taber.</i> 1x.
All pains relieved by sitting still.	Scarcely any symptoms when at rest. <i>Adams.</i> 1x.
Pustulous pimples.	Pustulous pimples. <i>Taber.</i> 1x.
Sleep restless.	Sleep restless. <i>Adams.</i> 1x.
Extremities cold.	Cold extremities decidedly marked throughout whole proving. <i>Anderson.</i> 2x.
Great coldness of feet.	Feet cold and sweaty all day. <i>Taber.</i> 1x.
Clammy sweat.	Cold, clammy perspiration. <i>Taber.</i> 1x.

To pursue this investigation any further were too much like undue cruelty to animals.

Before to-day the writer has had the temerity to pronounce the proving by J. Lance, Jr. the best yet made for determining the genius of *Picric acid*. In support of which pronouncement he offers the following considerations :

1. His proving is substantiated by the symptomatology of the other provers. To charge him and his classmates with collusion—and such measures have been resorted to before to-day—is impossible after Parisel had recorded the *Adynamia*, which is the mint-mark of *Picric acid*.

2. J. Lance, Jr. has recorded one symptom which proves its genuineness as an effect of *Picric acid* beyond all shadow of question with those who are competent to judge of the truth of a prover's report by its internal evidence—a performance of which professors of rag-bag *Materia Medica* and practitioners of the "keynote" kidney are not guilty. On the third day of his proving he recorded: "Everything seems blurred, as if I were looking through a fog or a thick veil. 10 A. M. *Can only read with book about five inches from the eyes.*"

The italics are not in the original, for the prover did not know the physiological significance of what he was recording; nor have any of the learned editors or any of the unlearned carpers at provings made with high potencies "caught on."

Again, on the sixth day, we have this record: "Everything looks blurred; can see to read only at one point, five inches from the eye."

And yet again, on January 9th, after one dose of the 30th potency, he records this significant sequence: "Conjunctivæ injected; lachrymation; pupils dilated; have to bring objects close to the eyes to see them; seem to be looking through a veil; can see to read only at one point, about five inches from the eyes; heavy, pressing, smarting and burning pains in the eyeball, relieved by pressure; heaviness of the lids; gaslight hurts the eyes."

This myopia is recorded three times, and a symptom recurring so persistently in any proving and from any "potency" commands consideration from such as are qualified to give it consideration, and such a qualified consideration would have secured the proving of J. Lance, Jr., a place in any reputable homœopathic *Materia Medica*.

It will not serve to object that this myopia occurred only in one prover. It is in such isolated instances that the validity of the reputed pathogenetic effect is to be determined, not by prejudice and partisan reconception, but by physiological and pathological data. Moreover, in the study of any proving, one most important factor must be taken into consideration, namely, the influence of the prover's individuality, or the "personal equation" in the pathogenetic experimentation. As we are not at all absolutely alike we cannot expect absolute uniformity in pathogenetic results. With instruments of differing calibration we allow for the differences, and with differences of physiological endowment we must expect differences in pathogenetic phenomena. But, whatever these differences may be, the provers must have enough in common to enable us to trace the family resemblances (of the drug) in every pathogenesis.

To discern the "resemblance of the symptoms generally produced" is not a pastime, nor is it the work for him who reads as he runs; to perceive the difference in the pathogeneses produced by low and by so-called high potencies does indeed "require practice and close observation." A pert spectator objected to a certain dark shadow in one of Gainsborough's landscapes: "I don't quite see the meaning of that spot, Mr. Gainsborough." "Don't you wish you could?" was the artist's sufficient reply.

As I have doubtless exhausted the patience of readers of the rag-bag *Materia Medica* species I will resume this subject in the next issue. It shall be "positively the last appearance."

*Ann Arbor, 7th of May.*

S. A. J.

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## THE SELECTION OF THE REMEDY.

By F. W. Winter, M. D.

The ability to select the remedy in a given case of disease in a most ready and reliable manner is a consummation devoutly desired, and should be the aim of every true practitioner of Homœopathy. Hahnemann tells us, "This search for a homœopathic specific remedy consists in the comparison of the totality of

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the symptoms of the natural disease, with the lists of symptoms of our tested drugs, among which a morbid potency is to be found corresponding in similitude with the disease to be cured." He says, further: "In making this comparison, the more prominent, uncommon and peculiar features of the case are especially and almost exclusively noted and considered; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure."

It is evident that the first step in this comparison is the examination of the patient and to solicit from him a totality of all his symptoms. How this is done can be told no better than we find it given in the "Organon," sections 85 to 105, inclusive. The symptoms we elicit at the bedside are not those of any particular disease, but of the patient whom we are called upon to treat, and not until we have taken into consideration all the facts in the case, past and present, with all their bearings, should we be willing or ready to prescribe. This knowledge is indispensable to the prescriber if he would have a true basis for therapeutic proceedings. It is often possible to arrive at a diagnosis long before a completed list of symptoms has been secured, and many physicians in their hurry prescribe for the disease instead of for the patient. There is no specific for any disease, however, and alas for the patient when the prescription is based on the name of the disease, for the name does not at all indicate what will prove curative in the case.

Observation discloses peculiarities even under normal conditions. By them we distinguish races, nationalities, families and individuals. No two individuals born of the same parents, even twins born at the same time, are exactly alike, between whom upon examination some individualizing peculiarities may not be found. The same disease produces different effects or symptoms in different individuals; hence the necessity of taking the individual into consideration, as he is the one that is to be treated and not the disease. A distinction must also be made between the symptoms belonging to a form of disease and the symptoms belonging to the sick individual only, for the latter constitute the individuality of the case, and are, in fact, the guiding or determining symptoms and of greater value therefore in the selection of a similar, hence curative remedy. No surer guides may at times be found. They are oftentimes the precursor of the ills about to afflict the body. Hence, the need of the greatest care in taking down the patient's

symptoms. The proper recording of the history of a case is by no means an easy task. Someone has said this record fairly and rightly made, of any case, and that case is more than half cured.

Again, every disease, and in like manner every drug, produces particular effects upon the human body, and none other can or does produce effects precisely similar. This gives to each disease or drug an individuality not possessed by any other. These particular effects constitute the striking, remarkable and uncommon symptoms of that disease or drug. But it must be remembered that a symptom as a concomitant may be very peculiar in one disease and not at all so in another. In that instance it is not the symptom itself that is striking, but the concomitance that makes it so. Care should be taken, then, not to overlook a common symptom, qualified by some concomitance, for this makes it at once peculiar and characteristic. "Profuse micturition" is not an uncommon symptom, but "profuse micturition, relieving headache" becomes so at once.

Each individual symptom, therefore, must and may have one or more modifying features which thus become necessary and integral parts of that symptom. And several such symptoms, each with its own concomitants, form a concomitancy or a "totality of symptoms," as designated by Hahnemann.

Sometimes one peculiar symptom taken, not by single features, but in its entirety, furnishes a keynote, and, along with which other common symptoms aligned, brings out the picture of the disease at once and determines the selection of the remedy. This was a method of Prof. H. A. Guernsey, the so-called "father of the keynote system." But its introduction was never intended to supplant the Hahnemann idea of totality, nor that it should form the sole basis of a prescription. Guernsey himself says: "All characteristics or keynotes must be in harmony with and confirmed by the totality of the accompanying symptoms, before we have a sufficient reason for prescribing.

To think that a characteristic is a symptom not found under more than one remedy is decidedly erroneous. On the other hand, all our most approved characteristics are never such as are found under one remedy alone; all of which brings us back to the fact that the totality of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us in the device of a curative remedy, and foundation on which to base our prescription.

Turning our attention now to the drug or remedy, to prescribe accurately it is our duty to learn and know just what the particular effects of each remedy are, so that we may readily distinguish one form from the other. As in each disease, so each drug has its peculiar symptoms, which when taken collectively surely indicate that drug. Much that has been said with reference to symptoms common to all diseases applies with equal force to all the drugs or remedies in use. There is hardly a symptom of any one drug which is not produced by some other, but it has been found that no two drugs produce precisely similar effects in the human body. Here again the general and indefinite are left in the background to complete the picture, and the striking, remarkable and uncommon ones selected from the symptom list, brought to the foreground, to apply and correspond to the disease picture as framed at the bedside of the patient. In every prescription, then, the totality of the symptoms of the case as manifested by the patient must be covered by the characteristics of a drug, which when properly applied will prove curative. Not a little of the success, however, in prescribing depends upon the ability of discriminating between symptoms, of judging when they are peculiar and uncommon, and when common and useless.

To sum up, then, Hahnemann's advice in reference to homœopathic prescribing, than which there has been found none better, or that meets with surer, quicker and more lasting results, we have the following :

1st. Each drug produces particular effects upon the human mind and body, and no other substance or drug can create any that are precisely similar.

2d. The striking, remarkable, peculiar and uncommon symptoms in the case are to be studied in prescribing, as they are the ones to be covered by the characteristics of a remedy.

3d. The totality of all the symptoms is the best and only guide in the selection of the homœopathic remedy.

We have now, thus far in the complete cure of a disease, taken up but two of the three essentials, namely : 1st, the necessity of care and accuracy in the taking of a case ; 2d, the selection of the remedy, leaving for a 3d, the right use of it. But as the latter ground is undoubtedly covered by another paper in this bureau, consideration thereof in this paper is herewith deferred.

*Adams, Neb.*

**A SUSPECTED CASE OF PLAGUE TREATED  
WITH BUBONINUM.\***

By D. N. Ray, M. D.

A boy, aged nine years, son of one Bah Kali Charum Das, residing at No. 20 Patuatolla Lane, Calcutta, a very old, damp and dark house, so dark that even at daytime it would require the help of artificial light to go up the broken stair; the sand-plaster of the walls was all gone. There were several families living in the same house. The condition of the place was very unsanitary; in fact, it was just one of those places where epidemic diseases would take a stronghold. I remember to have seen a case of cholera in the same house some couple of years ago, who was at first attended by a homœopathic physician of the neighborhood, and who, I recollect, though he survived, had been through all the worse symptoms of the malady.

There were deaths from cholera in the house year after year. Last year there was a case of plague at the next door, which terminated fatally. The boy took ill on the 9th of February, 1902, with slight fever and he was not given any medicine on that day. The temperature at night, the father of the boy said, rose up to 105° F. The next morning it came down to 102° F., and he was given *Belladonna* 30. This did not have much effect in lowering the temperature that day, as it gradually began to rise, and by 4 P. M. it rose to 104° F., and at night, the father said, the temperature rose to 105° F. again, like the previous night. On the morning of the 11th I was asked to see the boy as early as possible. I could not arrive at his place before 11:30 A. M.; when I came the patient was in great agony. He was moaning and groaning. There was a swelling of considerable size on the left side of the neck—submaxillary glands were much swollen; the swelling extended downwards. There was considerable difficulty and pain in deglutition. He was even unable to swallow liquid unless it was given a teaspoonful at a time. I wanted to examine his throat and asked for a spoon. This made my little patient very nervous and he began to cry. However, I did not spare him, as I wanted to know the reason of his in-

\* Buboninum is a sterile morbid product (of cultured virus); it is perfectly harmless in itself, but when it is introduced into the system in health it produces symptoms very similar to those produced by the bubonic plague.

ability to swallow. With some difficulty I succeeded in having a look at his throat, which had become quite red and swollen all over. The mouth was emitting an offensive odor. There was a good deal of nasal catarrh and running, which had to be wiped at intervals of a few seconds. There was a great disinclination to open his eyes; the pulse was small at the wrist with high temperature, and the look was also peculiar. All the above symptoms combined with the unsanitary condition of the residence and the occurrence of cases of plague in some quarters of the town at the time made me strongly suspect that it was a case of plague. I immediately told the father of the patient the serious nature of the illness and the sad experience I had some two days ago with a similar case, when I was sent for at the last moment; the nature of the disease in that case was so treacherous that the patient, a young man of six and twenty, was ill for three or four days and was rationally explaining to me all his sufferings while he was pulseless and apparently at the jaws of death, his death occurred a few hours after my leaving the house.

I warned him to remove his other children at once from the house, if practicable, or at least not to allow them to come in contact with the boy. I also told him in few words the other precautions he should take to save the other inmates of the house. Of course, he was horrified at the idea that his boy had got plague and that there was not much chance of his recovery. He had great confidence in me and requested me to do all I could for the boy. I at once prescribed *Buboninum* 12x, one drop for a dose, and left six doses of it, to be given every two hours. My selection of *Buboninum* of all other remedies was due to my conviction that it was surely a case of plague of bubonic type and this drug was the true similitum, as there was *great restlessness, extreme weakness with feeble pulse, a feeling of great unrest and disquietude, etc.* As to the diet, slightly warm milk ordered to be given, a spoonful at a time, as often as the boy could be induced to take it. On the morning of the 12th I was again requested to see the patient; this I did with great reluctance, for a case of plague, especially in a filthy house, I was not willing to attend. The report of yesterday was that he had ten doses of the medicine, till by midnight it was exhausted. The highest temperature yesterday was 103° F. He was very drowsy during the day, took only 3 or 4 ounces of milk during the day and night, and was very restless. He wanted to be fanned all the time and it was done. He was very thirsty

and drank a quantity of water. The swelling on the left side of the neck was more marked, his power of deglutition improved, that is, it was painful, but he could swallow. The temperature has come down considerably, it was 99.4° F. The patient, on the whole, looked to my mind slightly better, as the wild look about him this morning was less marked. A fresh supply of the same medicine was given and the father was asked to continue it every three hours instead of every two. Diet, milk. The 13th. The father came running to me early in the morning with the report that after the fourth dose of the medicine the boy had begun to perspire very much and he had been perspiring since; his temperature had gone down to 96° F. This report made me very anxious. I inquired of the father about the pulse; he said pulse could be felt at the wrist, but the boy was lying in a state of stupor. All these made me think that it was doubtful whether I should have a chance of seeing my patient alive by the time I arrived at his place, as it frequently happens in a case of plague that the patient apparently looks well and progresses favorably, but suddenly, to the utter surprise and disappointment of the physician, the symptoms of the failure of the heart appear and he expires. So it is not safe to give any favorable prognosis in a case of plague in any stage of the disease until the proper establishment of the stage of convalescence. However, I promised him to look in as early as possible. I arrived at patient's place at 9:30 A. M. and entered the house with half-heartedness. By the time I arrived there the boy had revived a great deal; there was no more perspiration; he answered to my questions feebly; the temperature rose to 97° F. I made him drink some warm milk, which he drank with great ease; pulse was steady, body cold, bowels were moved after two days; he was feeling somewhat better than he did at night; the respiration was not at all affected; the swelling on the side of the neck was also slightly less. The glands of the right side were looking slightly swollen. I left the place, having told the parents that there was no cause of immediate danger and as the temperature was rising he would likely get fever again.

I prescribed a few doses of *Sac lac*, to be given every two hours, until the temperature went up to 99° F., when a single dose of the first medicine would be given. A dose of it was required at 2 P. M., when the temperature was 99° F. By evening he again began to perspire profusely, and the temperature went down to

95.6° F. at the armpit. He slept, or he was rather all night in a state of stupor. There was neither restlessness nor delirium. During the night several times the temperature was taken, but on each occasion it was recorded below 96° F. The pulse was steady, and he took nearly 20 to 24 ounces of milk. The next morning I visited the patient again, and was quite satisfied with the progress of the patient. With the exception of great prostration, I noticed all other symptoms were in favor of recovery, and told the father to that effect. I left a few doses of *Placebo* (a few drops of alcohol in 2 ounces of water), one dose every 3 hours. The next morning the report was that the patient had perspired like the previous night and had passed the night in a state of stupor; he had been so lifeless that the parents, out of fear, had to stir him now and again to see whether he was alive; in other respects he was better. This day, the 15th of February, I gave the patient three doses of *Veratrum alb.* 30, to be given every four hours, and the same milk diet. On the morning of the 16th, the report was that the patient had been in the same state, that is, during the day his temperature was 97° F., and there was hardly any perspiration, but since evening he had been perspiring and the temperature had fallen below 97° F. The body had been cold to the touch and the extremities were more so; in fact, there had been no improvement. I promised to see the patient again this morning (17th). When I arrived there the temperature of the patient had risen to 97° F. again and he was looking better; his pulse was better; cold feeling to the touch was also less; the swelling on the left side of the neck completely disappeared, but on the right slight swelling was perceptible without any pain. He wanted to take bread and some solid food, which I willingly ordered to be given to him. As for the medicine, I left three or four doses of *Thuja acid.* 30, to be given only twice; that is, one dose during the day and one dose during the night. When I left, I pronounced the case out of danger. On the 18th it was reported to me that the patient had passed a better night; the perspiration had been less; temperature had not been below 97° F., and his sleep has been more natural. The temperature this morning was 97.6° F. The father was asked to give another dose of the same medicine, if the boy were to perspire copiously at night. It was reported to me that he had no occasion to give the dose, and the boy made a steady recovery.

Remark.—Some might question whether it was a case of plague,

and whether there was any justification to use the remedy on the supposition of true similitum. This would involve a long discussion, so to avoid it I say to my mind it was a case of plague. Had the patient been dead, I would certainly have said that the patient died of plague. I had some previous experience with the drug in cases of plague, so I used it in this case also. Now, the question is whether *Buboninum* had any share in bringing about the cure, or to bring about that critical discharge which effected the cure. I must say, it is a difficult problem to solve. If I were a sceptic, I would say that acute diseases are many a time cured by critical discharges, brought on by nature, but in this particular case I must say the administration of the medicine on the very first day greatly modified the severity of the symptoms and paved the way to recovery, unless one chooses to call it a coincidence. I want to say a few words more regarding this new drug as a constitutional remedy. I have used it with satisfactory result in chronic scrofulous enlargement of glands on both sides of the neck. It would be out of place to go into detail of such cases. I shall just mention in a few words one very obstinate case, one young man. Basanta Lumar Bose, of Bardwan, in his teens, had been suffering from scrofulous enlargement of the glands on both sides of his neck with several fistulous openings on each side. This young man used to get slight fever in the afternoon for several years. This case had resisted and baffled the skill of many successful physicians. When he came to me, I also tried several remedies, such as *Arsenicum iod.*, *Silicea*, *Calc. carb.*, *Calc. iod.*, *Cistus Can.* and *Lapis alba*, etc., for several months, without deriving much benefit; then I put the patient under *Buboninum*, 12th, one pill daily for a week and every second day during the next week. The result was very satisfactory; the discharges from the several openings nearly disappeared, and the glands became softer within a month; so I continued the same remedy unhesitatingly, which resulted in the complete recovery of the patient in four or five months. When I saw him last, he had improved greatly in general health, was looking quite healthy, though the glands on both sides of the neck were not altogether reduced to their normal size. The satisfactory result of this case induced me to prescribe the drug in chronic cases of similar nature. I am glad to say the result was at times beyond expectation.

“Ray Lodge,” *Beadon Sq., Calcutta, India, January 1, 1903.*

## WHAT IS BUBONINUM AND HOW IT ACTS.

D. N. Ray, M. D.

It is a sterile, morbid product (of cultured virus); it is perfectly harmless in itself, and when it is introduced into the human system in health it produces symptoms very similar to those produced by the bubonic plague, but it would never produce the plague itself. Symptoms: Sensation of chilliness, *rigor, more or less pain all over the body, a severe headache, sleeplessness, a great restlessness, a rise of temperature, up to 103° F. or more;* rapidity with *feebleness of pulse, very marked weakness;* a feeling of malaise, sometimes vomiting, occasionally diarrhoea, erythematous rash more or less all over the body and sometimes urticaria; *lymphatic glands get enlarged and painful;* loss of appetite, a nasty clammy taste in the mouth, weakness in the lower extremities, *mental excitement* and a *feeling of unrest, irritability of temper, confused ideas,* etc., etc.

## NATRUM SULPHURICUM.

By Dr. W. Cate.

I believe it to be a much neglected remedy by a large number of physicians. I hold it to be equal to any of the liver remedies given in our *Materia Medica*, not excepting *Chelidonium, Mercury* or any other remedy. Sick headaches arising, as they do, from a deranged liver, I have never failed to cure with this remedy. The tongue is coated with a yellowish-brown coat, not unlike a thin layer of mustard.

Cowperthwaite says since its first discovery, in 1658, it has been used as a laxative and purgative, displaying similar properties as other alkaline sulphates.

It constitutes an active ingredient of most alkaline spring waters, both natural and artificial, and as such its use has been greatly abused. The first provings were made by Scheter and later by Nenning. These provings were published in 1832 and 1833, and in 1873 were arranged with Lembke's later provings and such other matters as had come to light, and published as a

monograph by Dr. Hering. One of the most important deductions as to the clinical virtues is given by Von Grauvogl, who gives in his text-book on Homœopathy, published in 1866, *Nat. sulph.* as typical of what he calls the hydrogenoid constitution. A term which he very appropriately applied to a class of patients who have too much water in the system, and whose condition is always distinctly aggravated by damp weather and damp locations. He maintains that such patients usually present a previous gonorrhœal history, and that there is distinct relation between that condition thus presented and that termed sycosis, used by Hahnemann, as well as the more commonly known as leucæmia. The late Timothy F. Allen has also said that it is a great remedy for lithæmia, and according to my own experience it is.

If we were to depend on this and other well-indicated homœopathic remedies in the treatment of the ever changing symptoms that are supposed to result from the presence of uric acid in the blood instead of following the eliminating methods of the old school we would obtain much better success. This is a remedy of great importance in La Grippe. Note the coloring of the tongue. In jaundice there is a *greenish-brownish coated tongue*, *sallow skin*, *yellow eyeballs*.

It is indicated by those symptoms of the liver arising from a deficiency of bile. Bilious attacks, if from excessive study or mental work, alternate with *Kali phos.* In catarrh of the bowels the passages are thin and yellow, always worse in damp weather. In the morning after moving and after eating vegetable and farinaceous foods. Associated with great flatulence, with soreness of the liver. Sometimes the liver feels tense, as though it would burst.

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## BUBONIC FEVER.

By D. C. D.

*Definition.*—A high fever, characterized by the swelling of the glands at neck, axila or groin.

*Etiology.*—Filthy quarters, cold, low temperature, uncleanliness, etc.

*Pathology.*—Brain, blood and bones are affected. Arachnoid and gray matters become gloomy, blood glutinous, bones painful,

whole or part of the glandular system affected. Bubo appeared in the groin, neck or axila. Absorption power is paralyzed.

*Symptoms.*—Outset sudden, severe headache, high fever, preceded by shivering, eyes congested, pulse quick, tongue furred, shallow respiration, intense aching and soreness in back and limbs, disorders of the nervous system, delirium, stupor, swelling of the glands at groin, neck or axila, diarrhœa.

*Duration.*—One to three or four days.

*Prognosis.*—Almost always fatal.

*Prophylactic.*—White-wash, sunlight, free ventilation, cleanliness of the body, clothes, beddings, rooms and locality.

*Treatment.*—Isolate the patient, have the room upon the upper floor well ventilated, confine patient to the bed. Disinfect everything.

The ice-bag may be applied on the head in delirium and during high temperature till it comes down to 102°

In later stage absorption power is apparently paralyzed, and then administering the remedies by subcutaneous injection is better than by the mouth.

*Potency.*—Generally lower, 1x to 6x dilutions are used, but some prefer higher.

#### REMEDIES.

*Belladonna.*—Early stage, high fever, severe headache, cerebral congestion, delirium, pulse accelerated, full bounding.

*Baptisia.*—High fever, offensive diarrhœa, muttering delirium, drowsy, bruised feeling.

*Phosphorus.*—When pneumonic symptoms develop.

*Arsenic.*—High fever, restless, unquenchable thirst, semi-comatose, shallow respiration, watery stool; pulse weak, small, compressible.

*Naja and Lachesis.*—Great prostration, restless, bruised feeling all over the body, oppression of the chest, labored respiration; pulse weak, very small, unequal. (Indian virus of *Naja* is preferable.)

*Hydrocyanic acid.*—Collapse stage, pulselessness, respiration deep, difficult, spasmodic.

*Other Remedies.*—*Atropia, Curare, Hyo., Ign., Merc. viv., Merc. iod rub., Rhus tox.*

*Calcutta, India, April 16, 1903.*

TYPHOID IN ITHACA.

By Elma Griggs, M. D.

During the epidemic in Ithaca I treated forty-two patients with typhoid fever, whose ages ranged from eighteen months to sixty-five years. I began treatment by putting the patient to bed and ordering two saline enemata a day, morning and evening. The diet prescribed was peptonized milk during the day and liquid peptoids for the night. The amount of milk taken during the twenty-four hours was from a quart to three pints. As a stimulant whiskey was used after the second week. For a temperature of over 103° tepid baths were given and when these proved unsuccessful in lessening the fever tepid packs were employed, but never ice baths.

The prevailing complication throughout the epidemic was pneumonia, but all of my patients escaped it. Hæmorrhages were also common, but I had but one case and that a woman sixty-five years old. I attribute this lack of hemorrhages to the early use of enemata and to *Turpentine*, which I administered (2x) at the first signs of distention. In most of the cases the fever ran from twenty-one to thirty-five days. The liquid diet was kept up until ten days after the temperature was normal and only semi-solids were given for another week. Each patient was treated individually and the indicated remedy prescribed. The chief remedies indicated were *Baptisia*, *Bryonia*, *Belladonna* and *Arsenicum*. I was careful that the patients had plenty of rest and were not overtired by too much treatment. Every one of them has made or is now making a complete recovery.

109 E. Seneca St., Ithaca, N. Y.

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"THE COUNTRY DOCTOR" ON THE "ANTI-VACS."

Editor HOMŒOPATHIC RECORDER.

Of numerous exchanges coming to my desk, none I esteem more than the RECORDER, not so much for what it generally contains, sir, but for the well-known liberality of its editor towards all kinds of opinions and for the great tolerance it ever and al-

ways shows to any old thing of "Crankopathy," your humble servant included. But it has a way that's all its own to keep the sore of the Anti-Vacs. always open—on their side of the question—that has tempted me several times to take my hand in my fist and reply; but a second sober thought has always convinced me that the game wasn't worth the pinch of powder necessary to send their theories to kingdom come—downwards!

However, in your April issue under the heading, "A Rejected Letter," Dr. Simson goes into sufficient details to appear, for the moment at least, sufficiently large game for my old blunderbuss (with the accent on the first two syllables), but let me state here that while I reply to him, he must not think that I have anything particularly personal to ram up his flue; not at all, but he winds up his little essay, saying, "But if there are any pro-vaccinationists (why didn't he make it anti-anti-vaccinationists, for that is still longer) who would like to discuss the question in a gentlemanly and professional way, I would like to do so." That is a general defi and is my sole excuse for bothering you now, altho' I request you to consign this to the waste-basket if any one else picks up the challenge.

I disclaim, however, any intention whatever to speak for the 90 and odd per cent. of the medical profession who are pro-vacs., simply content myself to reply for "The Country Doctor," and for him alone; for the pro-vacs. contains such eminent men whose shoestring I am not worthy of tying.

Dr. S. says: "Who is this Spaulding, anyway? I have never come across any of his writings." Now, this may not be Spaulding's fault at all, the contrary quite, but that Dr. S. may not fall into the same remark regarding your humble hayseed, let me state that I have been guilty of being the editor of the *Maine Medical Register* and of the Maine Department of *Polk's National Register*, and the sinful author of "A. D. 2000," "The Science and Art of a Country Doctor," "The Theory and Practice of a Country Doctor," and "The Therapeutics of a Country Doctor" (of which hot baby the RECORDER has made numerous extracts and reprints, altho' it was not written from a homœo. point of the highway, by a jugful). And I am the father of many other and lesser crimes as you, Mr. Editor, well know. Yes, I have even had the, perhaps doubtful, honor to have these copyrighted brain babies of mine stolen and reprinted without my permission in numerous American journals, homœo. and others, as well as

translated into several European lingoos. So there now ! (Kung Fu Yse says in his book of proverbs : He that tooteth not his own horn, his horn shall not be tooted.)

Now, the greater part of the anti-vacs. and many other good men run along with the idea that vaccination and anti-toxin are based upon the same principle. This I know from experience. According to my way of looking at it, their trolley is entirely off there. As soon as the antitoxin theory was sprung upon us, I was against it (vide : Therapeutics of a Country Doctor, vol I., Dec. 1895) ; in fact, it is believed that I was the first one to make objections to it, but I have plenty of company now. To my mind, vaccination is exactly opposite the anti-toxine theory. I reason this way : The human system, from time to time, produces a "something" that for want of a better name has been called pabulum (fuel), some systems producing more, others less and some not any. Small-pox lives, and can only live on this. Vaccine, a mild, modified form of true small-pox, comes in and eats up this pabulum, so when the real article comes around, whether you are vaccinated or not, you will take small-pox all right, but the disease, finding nothing to feed on, lost pretty quick, as the Frenchman said. Believing firmly in this idea, there isn't a single word in Dr. S.'s article that don't agree with my belief, even as I am a strong pro-vac. He, Dr. S., seems to stake all his small change on the report of the "Royal Commission." I don't know but what I may have seen such report once upon a time, but if I ever have, it is most royally forgotten. Anything with royal tagged onto it jars me. I was born in a royal country, learned to spell in a royal school, graduated from a royal university, served in a royal navy, royally deserting same, held a royal commission that began somewhat like : We, heathen of the ninth, by the grace of God of Littleland King, Duke to this and that and tother thing, etc., bid and command (and I may be royally greatly — — if I want any more). His commission don't affect me any more than the report of a committee of a royal society who found that both moderate as well as heavy rum drinkers lived longer than total abstainers. All such proves nothing to me, but as it apparently does to Dr. S., let us look over those selected cases which he quotes in full ; there are eight of these that simply state that they were vaccinated in infancy and took more or less small-pox afterwards. *Every one of these was five years old at most and down to three months*, and from this little bunch he

obtains his conclusion to show "that vaccination does not protect or make immune for any period of time." Now, honestly, wouldn't that bump you? It proves nothing of the kind, but seems to point out that many very young infants have little or no "pabulum" to start with, but their systems manufacture some quicker than in older persons, which is certainly no more than could be expected from the usual way of nature's workings. Dr. S. also mentions eight physicians by name (and adds, as is usual with the anti-vacs., "*or hundreds of other prominent authors,*") would to heaven he had mentioned a few hundred of them and please throw in a little light why any or all are "prominent authors." The simple fact that a doctor is an anti-vac. doesn't make him anything of an awful "great push," for every fool or quack of a practitioner who will endorse some patent or quack medicine can get his profile in the newspaper and be described as an "eminent physician," even if *Polk's Register* only gives his educational qualifications as a \* \* , which is the case of nine cases out of ten. But even if Dr. S. does mention eight men by their names, and I guess that is the extent of his ammunition. I will bet a cookey against a big red apple that for every one he names I can point to a thousand equally "prominent authors" who are on my side. And that is a good little margin for any one to overcome if they can. If Dr. S. or any one else can take any comfort out of his little team of eight, they are welcome. They need it. But how about that "prominent" leader of all the anti-vacs. in the hottest place of that breed on earth, dear old Massachusetts, whose name was Dr. P. when he began his delivery of hot air, but his name turned out to be Dennis by the time he got through, who made so much brag about the efficacy of his homœo. prophylaxis against small-pox, which he claimed to be a dead sure thing, and to prove which he visited a pest-house and took the prettiest dose of small-pox you could ever wish to see, and then sneaked off and hid himself, endangering a whole community and causing the board of health no end of chasing before they corralled<sup>d</sup> him. My, why don't you mention such facts? Or, to prove that some systems make "pabulum" very fast, why not mention that a woman in Boston and a man in San Francisco both had small-pox three times within six months. But wouldn't that wilt your linen!

Then he says that of 30,792 cases of <sup>small-pox</sup> in Bavaria 95<sup>3</sup>/<sub>4</sub> per cent. had been vaccinated. But what percentage of the whole

population was not vaccinated? Less than one per cent.,—eh? and yet they formed  $4\frac{1}{4}$  per cent. of the whole number of cases. Again, he says 122,000 persons who were vaccinated in England had the small-pox, but you don't mention what per cent. that is of the whole number of protected persons, and you are mighty careful not to mention anything of the poor cusses who were not vaccinated and of whom 80 or 90 per cent. died when they took the small-pox, as nearly all of them did. Oh, screw such arguments upon the wall, but don't print them where they can be analyzed.

The theory already mentioned here will amply explain why vaccination does not protect all people at all times or for any equal length of time, and that is why I always urge persons upon whom vaccination "takes" severely to be revaccinated every six months, or at least once a year, until the inoculation does not take at all; then and only then is a person safe, and safe only until the system produces more "pabulum," which it does more rapidly in early life, and less and less as age comes on; the human body, as you all know, is more susceptible to certain different diseases at different stages of life. This, mark you, is based upon the assumption that the vaccine is O. K. and the operation properly performed. How often is the latter the case? For myself I dare not honestly reply. The argument that boards of health or physicians favor vaccination for what money there is in it is rot, simply rot, and is not worthy of an answer, for there is no work a physician does that is poorer paid.

I should gladly go into statistical arguments, but what is the use? None is so blind as he who will not see! And as I must leave my home in a few hours for a long business trip, much against my own inclination, I must conclude, but in so doing let me remind the anti-vacs. of a piece of advice I once heard a lawyer give his client; it is the only safe thing for them to follow in a public presentation of a case, and, in fact, all their arguments that I have seen are based upon it, it is:

Say nothing, oh say nothing  
Until you are compelled to,  
And then, oh say nothing  
That you can be held to!

THE COUNTRY DOCTOR.

*New Sweden, Maine.*

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### A PICRIC ACID CASE.

Editor of HOMŒOPATHIC RECORDER.

Replying to yours of recent date I will say that I have been led to the use of *Picric acid* through the provings of Dr. S. A. Jones as published in the RECORDER, and that I have found it a most useful and oft-needed remedy as guided by published symptoms. I have found it curative in the following: Cold, clammy sweat of hands and feet in daytime great prostration attending exertion, pain in occiput, with melancholia, sleepless after two or three o'clock, A. M. Blurred vision, agglutination of corner of eyelids. These patients very weak, acid stomachs, but good appetites and bowels regular. Cured a case of spinal irritation of years' standing; patient a male of fifty-seven years. About five inches of the lower dorsal affected. Pain sore and of a burning nature, increased by exercise, origin and nature unknown. Exhausted all common remedies; no benefit. Six doses of the third dilution, about six hours apart, resulted in a prompt cure and no return; over two months.

Fraternally yours,

WM. M. BALDWIN, M. D.

P. S.—This spinal patient was myself; one dose did all the work, but I couldn't believe it until I had taken five more.

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### A LITTLE TALK.

To the Editor of the HOMŒOPATHIC RECORDER.

“Out of the fulness of the heart the mouth speaketh.”

First a little compliment: The HOMŒOPATHIC RECORDER and *Medical Advance* are my most beloved journals.

Proscribing and prescribing are of equal value with me. I don't wonder that so many homœopaths are shaky; they do not pay the necessary attention to the above. A homœopathic physician in a recent meeting stated that he (or she) succeeded even when the patient was soaked in whiskey, tobacco, etc. If the patient got well homœopathic treatment did not do it.

My patients have to give up whiskey, coffee, tobacco, peppers, spices, tea, etc., during treatment or go to another doctor. By this I have gained the confidence of my patients, and morals keep scum away and cure where other homœopaths fail.

When I read the ding-dong of Biochemistry and Schuessler (Gott habe ihn selig) I pray, Father forgive them they do not know what they do. The system is a farce. I use the remedies as I do others under the law Similia Similibus Curantur, the only system. Dr. Vondergolz loses his time; he had better study homœopathic Materia Medica.

A Dr. Shrewsbury says, in the March number of the *Am. Jour. of Hom.*, there is nothing medicinal any more in the potencies above the 12th. I pity him.

My best cures in thirty years have been made with diluted alcohol and triturated Sugar of Milk! How wonderful, it beats all antis and serums! What our old school brethren will say to that stuff; some of them know better Homœopathy than many so-called homœopaths.

I do not vaccinate. Give *Variolinum* and a certificate that the scholar is successfully vaccinated, and our Superintendent of Public Schools, who is an old school physician, has never refused my certificate. There is much darkness in the North!

“The enemies of Homœopathy are in camp not outside!”

“Protect me from my friends, from my enemies I can protect myself.”

Yours truly,

DR. H. PETERMAN.

Marshall, Texas, April 23, 1903.

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## TREATMENT OF TYPHOID FEVER.

Editor of the HOMŒOPATHIC RECORDER.

Sir: In addition to what Dr. Zopfie said about typhoid fever in the May number of the RECORDER, I wish to say that my experience coincides with his.

Lack of success has caused me to stop excessive symptomatic prescribing for typhoid cases. Formerly I administered the homœopathically indicated remedy with the result that the light cases got well—as they would in time without any treatment—and the bad ones died.

Now, I am an ardent admirer of Homœopathy and prefer to give the single remedy to my patients, and as high as possible. I believe, however, that mere symptom-covering does not reach the form of the typhoid poison nearly as quickly and thoroughly as an antiseptic treatment. The liver, as Dr. Zopfie says, is very sluggish in typhoid fever. The contents of the intestines have to go without the antiseptic influence of the bile. Thus the typhoid bacillus has full sway. The history of a beginning typhoid patient generally runs something like this: Patient has not felt well for some time. Tongue has a dirty coating; headache; fever; increased pulse; vomiting; loss of appetite; some liquid stools or constipation; pain or soreness in epigastrium or all over the abdomen, but most marked in right iliac region; characteristic gurgling there on palpation; urine scanty; skin dry; backache and general malaise. No sleep, restless. The bowels of such a patient contain the most foul-smelling stuff there is on the face of the earth. The system is quickly saturated with toxins absorbed from this intestinal cesspool.

TREATMENT.—I get out my colon irrigator and fountain syringe. If the patient has constipation I fill him up with soap-suds; if diarrhoea, with physiological salt water. For tympanitis I add *Turpentine* to the injection. I use this colon flushing 2 and 3 times a day. Then I put up *Calomel* in  $\frac{1}{4}$  to  $\frac{1}{10}$  gr. doses, clear or combined with *Bismuth* or *Soda*, to be taken every hour or two. At the same time I prescribe an intestinal antiseptic in the nature of a *Thymol-eucalyptol* preparation or *Sulphocarbolate of zinc* or *sodium* in as heavy doses as I think patient can bear. Then I direct a laxative every six hours, in the shape of a *Seidlitz powder*. I find nothing better than Abbott's Saline Laxative (N. B. This is not an advertisement) to fill this place. Last, but not least, I use the homœopathic indicated remedy whenever I think it necessary, and quite often some particular symptom will call for it. Of course, I also diet my patient carefully. If there is much pain in the bowels, I use fomentations or poultices of *Glycerin*, antiseptics and mineral earths. With this treatment I can go home and sleep all night, knowing that it will do the business and help my patient. It is surprising how quickly the aspect of the disease will change. The bowels will unload their poisonous contents; the liver will secrete bile, the tongue become clean, the headache and general malaise disappear; perspiration will ensue, the urine become more frequent and patient becomes

hungry. Of course these measures have to be adapted to the individual case, age, etc. Good nursing and local hygiene are also very essential.

With remedies like *Baptisia*, I have had no success worth mentioning. I know there are homœopaths who prescribe such remedies in the 30th and claim to be very successful, and I know of others who rely upon symptomatic prescribing and lose their cases. I believe, as Hahnemann says: *Nolle causam*. This applies to the typhoid patient as well as to the child which has been poisoned by eating the berries of *Belladonna*. Furthermore, this treatment is *tuto cito*, and therefore *jucunde*.

To those homœopaths who have not been successful with symptomatic prescribing of high or low potencies for typhoid cases I can recommend the above treatment as safe and reliable—always mindful of: “*Mach’s recht, aber mach’s recht nach.*”

KARL GREINER, M. D.

*Sparta, Mich., April 23 1903.*

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## PODOPHYLLUM AND ALOE IN PROLAPSUS RECTI.

By Dr. Marc Jousset.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
April 9, 1903.

Dr. Marc Jousset communicates in the *Revue hom. française* of February, 1903, two interesting observations.

I. A two-year-old boy when constipated had occasionally suffered from a prolapsus of the mucous membrane of the rectum. But during the last week every evacuation was followed by a considerable prolapsus recti, whether the stool was hard or thin and fluid. Sometimes when there is merely an urgency toward discharging fæces and there is no evacuation the prolapsus nevertheless takes place. Such a prolapsus now occurs three to four times a day.

Dr. Marc Jousset prescribed *Podophyllum* 3 D. trit. and *Aloe* 3 D. trit., giving a number of powders containing 20 centigrammes, directing that one day the one kind of powder should be given, the next day the other kind. This occurred on November 4th.

November 15th. The prolapsus takes place much more rarely, not every day; the stools are regular. The remedies then were discontinued for four days, then used again for two weeks.

November 30th. The child appears quite well; no prolapsus has taken place for ten days and the cure was permanent.

### Severe Acute Laryngitis Cured by Apis.

II. On December 30, 1902, a little girl, one year and eight months old, was suddenly seized with intense fever; temperature, 101.3° F. A coarse cough, and the voice was hoarse. The brother of the little patient had been suffering for a few days before with a simple laryngitis, with some hoarseness, a coarse cough in light attacks, which had yielded in a few days to *Aconite* (tincture) and *Spongia* (1 trit.).

December 31st. The night was a bad one, almost sleepless; the cough had become more coarse with noisy, impeded respiration; auscultation showed only a slight noise, which seemed to come from the larynx. Since yesterday only *Aconite* and *Spongia* (as above) were given.

In the forenoon the child was very much depressed; while coughing it raises itself, owing to threatening suffocation; a drawing in was plainly perceivable below and above the sternum, but there was no actual asphyxia.

*Apis mel.* ( $\frac{1}{10}$ ), given repeatedly, improved the condition, which had become so threatening in a few hours, and in the same evening the cough became moist and the respiration easier. The recovery was, however, a slow one, some fever, cough and anorexia remaining, and it was not before January 8-10 that the child had perfectly recovered.

Dr. Mossa, commenting on this case, believes that this severe case of laryngitis was a localization of the influenza prevailing in the house. He states that he has repeatedly had good results from *Apis* in cases of acute laryngitis. So, also, in the case of his own son, whose case was more threatening, as with him there were actual attacks of suffocation, which at first always appeared at night and which caused him to seriously think of tracheotomy. The effect of *Apis*, 2 trit., was also in this case of striking rapidity, after the ineffectual use of *Aconite*, *Spongia* and *Hepar*. *Apis* was the more suitable, as in this kind of laryngitis œdema of the glottis is apt to develop.

In another case, however, with a child of seventeen to eighteen months, where the severe laryngitis was accompanied with attacks of suffocation, even *Apis* and *Tracheotomy* proved of no avail. Neither was the Lœffler bacillus to be discovered in the laryngeal mucus.

Dr. Mossa continues :

The indications for *Apis* in cases such as described by Dr. Jousset are, indeed, well-founded. In simple laryngitis, the remedy seems rarely to be indicated ; but when this sets in with violent fever, or in conjunction with an acute exanthem (scarlatina, erysipelas), or after their sudden disappearance, when there is an œdema of the glottis or larynx, and the ominous attacks of suffocation, orthopnoea, then *Apis* is in its place. We could not, however, make up our mind to use as heavy doses as our French colleague, and least of all in the case of such young children.

## CHANGE OF MEDICAL LAW IN NEBRASKA.

LINCOLN, NEB., May 13, 1903.

Editor of THE HOMŒOPATHIC RECORDER, Philadelphia, Pa.

*Dear Sir :* We desire to call your attention to the change of medical law in Nebraska. On and after the first of August an examination will be required for registration. The new law provides for reciprocity with other States having an equal standard, and the law at the same time prescribes a standard that is equal to any State in the Union.

Inasmuch as the State is filled with most excellent openings we trust there will be a large number of applications from the homœopathic profession at the next two meetings of the Board which will be held prior to the change of law.

Application blanks may be secured of either the Secretary, Dr. C. H. Brath, Beatrice, Nebraska, or of,

Yours truly,

BENJ. F. BAILEY, *Pres.*

## AURUM.

These are Hahnemann's clinical remarks on *Aurum* : I have cured, by means of gold, several cases of melancholy in persons

who earnestly thought of killing themselves. They took in all about the  $\frac{2}{1000}$  or  $\frac{6}{1000}$  part of a grain of gold. I have also cured several other important affections which will be found enumerated among the symptoms of gold, and I doubt not that much higher triturations than those which I employed would have been sufficient for obtaining the same results.

Shortly after closing these introductory remarks I had an opportunity of convincing myself that  $\frac{1}{100000}$  part of a grain of gold will manifest a most powerful curative action, especially in cancer of the palate and nasal bones consequent upon the abuse of the acidulated preparations of *Mercury*. The gold symptoms analogous to these artificial affections will be found among the subsequent symptoms.

Farther trituration and dilution develops and dynamises the power of gold still more, so that I now use, very often, only the smallest part of a grain of the decillionth potency.

In the following affections gold has been found especially useful:

Hypochondriasis; melancholy; loathing of life; disposition to suicide; *rush of blood to the head*; cancer of the palate bones and nasal bones; obscuration of sight by black spots hovering before the eyes; *toothache from rush of blood to the head, with heat in the head*; inguinal hernia; induration of the testes of long standing; prolapsus and induration of the uterus; *rush of blood to the chest*; falling down unconsciously, with face becoming blue; attack of suffocation, with severe constrictive dyspnœa; injuries inflicted by the abuse of quicksilver; pains in the bones at night; nodosities of the gout.

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EXTRACTS FROM DR. C. H. COLGROVE'S ADDRESS  
DELIVERED AT CONN. STATE  
HOM. MED. SOCIETY.

“ Notwithstanding the great changes in the etiology of disease they have not affected the homœopathic law of cure. The remedies proven by Hahnemann and his colaborers following are just as sure and just as certain in combating disease now as they ever were. Though we have discovered *pneumococcus* of pneumonia *Phosphorus* is just as good a remedy in the disease now as when first used, *Calcarea* is just as good a remedy for tuberculosis as

before the discovery of the tubercular bacillus, *Arsenic* is just as good in typhoid fever, *Rhus* is just as good in erysipelas, *Hepar sulph.* in abscess, *Baptisia* in sepsis, *Belladonna* in tonsilitis, and *Mercurius* in diphtheria, as they were before the different bacteria in these diseases were discovered and the homœopathic law of cure is not in any way affected thereby.'

'The serious attention of the physicians of our school should be called to the increasing commercialism of our pharmacies. Where crude drugs, perfumery, and even cigars and tobacco are kept by the side or near attenuated remedies for the sick can we rely at all upon getting a pure and untainted medicine even if correctly and honestly prepared originally?'

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ATHLETES.—Dr. G. Frank Lydston (*Am. Medicine*) utters a warning against the prevalent idea that an athlete may continue capable of doing his best work until middle life or past it. It must be remembered, he states, that "a man is as old as his arteries." This aphorism is especially pertinent as applied to the athlete. It is well to remember that the athlete's arteries are, with certain brilliant exceptions, older than those of the average healthy man. As has already been indicated, his muscular power may be at its maximum, although his resistancy and recuperative capacity and visceral integrity may fall far behind it in degree. The man who gets a great deal out of himself physically before the age of thirty is bound to "go back" after that period.

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### CANCER "BODIES" AND VACCINIA "BODIES."

In a "Note Concerning the Pathology of Cancer," communicated to the *Medical Press* by J. Jackson Clarke, M. B., F. R. C. S., the writer shows that certain "bodies" found in the vaccine pustule are indistinguishable from certain "bodies" found in cancerous growths. He says:

"It has been stated (*a*) that the bodies seen in the vaccinated cornea differed essentially in their staining reaction and in their appearance from those described as protozoa in cancer. On the contrary, I found (*b*) that there was a close similarity between them, and that *through a larger serie of forms than was usually recognized.*"

The italics are his own. The writer does not dogmatise as to whether the bodies are or are not actually protozoa, but he ap

pears to incline to that opinion. But, however that may be, the observation is one of immense importance. In our experience it is exceedingly dangerous to vaccinate persons who have a latent tendency to cancerous growths. We have seen several cases in which cancer has blazed up immediately after vaccination. Cancer, so far as our observation goes, may be set up by blood poisoning of various kinds, and cow-pox virus is assuredly one of the most potent when the soil is in any way favourable.—*Homœopathic World, April.*

## AILMENTS DURING PREGNANCY.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, May, 1903.

From an article on Sanitary Measures for Pregnant Women we extract the latter part treating on the ailments during pregnancy.

Homœopathy possesses choice remedies for the removal of all troublesome and threatening ailments during pregnancy, which we shall here adduce.

1. DISTURBANCES OF THE NERVOUS SYSTEM.—Inclination to sadness and timidity, *Pulsatilla* 6, *Ignatia* 6.

Too great sensitiveness, *Nux vomica* 3.

Sensitiveness even to insanity, *Belladonna* 3.

Indolence and morbid somnolence, *Opium* 30.

Sleeplessness long after going to bed, *Coffea* 3 and *Pulsatilla* 3.

Awakening from the first sleep with insomnia, *Nux vomica* 6 and *Sulphur* 12.

Cramps in the calves, with excitation in the lower limbs, *Chamomilla* 30.

Prostration, great weariness, pains in the loins and swoons, *Chininum sulph.* 3d trituration.

Aversion to food and queer longings. Yielding and persuading.

Itching on the pudenda; Lukewarm baths, washing with *Sugar of Lead* or with *Liquor Van Swieten* (both allopathic remedies); internally, *Conium* 3.

2. DISTURBANCE OF THE DIGESTION.—Stubborn salivation, *Mercurius sol.* 12, *Iodium* 6, *Natrum mur.* 3d trit., *Arsenicum* 6, if the other remedies fail.

Eructation and regurgitation, *Nux vom.* 3, *China* 1, *Pulsatilla* 6.

Vomiting which cannot be checked. *Aconitum* 3 in vigorous, full-blooded women who have stomach troubles, vomiting mixed with blood; *Pulsatilla* 3 in weakly women with weak nerves; the vomiting sets in immediately after meals, consisting in part of undigested food.

*Ipecacuanha* 3, *sour or insipid vomiting*, frequent vomiting occurring after every meal, with aversion to food, loss of appetite and constant malaise.

Vertigo and swoons (resembling sea-sickness), *Cocculus* 3.

Constipation, *Nux vom.* and *Bryonia* 3.

Diarrhœa, *Sulphur* 12.

3. COUGH AND RESPIRATORY TROUBLES, *Aconitum* 3 and *Belladonna* 3; *Nux vomica* for a cough originating in the stomach.

4. FALLING OUT OF THE HAIR.—The hair should be tied up loosely and great care used in combing, with great cleanliness of the scalp.

5. CARIES OF THE TEETH —*Nux vomica* 3 and *Silica* 6. Neuralgia of the teeth, *China* 3 and *Pulsatilla* 3.

6. CONVULSIVE PAINS IN THE ABDOMINAL MUSCLES.—An abdominal bandage, *Rhus tox.* 3 and *Bryonia* 3, or *Belladonna* 3. *Crocus* 12 in painful movements of the fœtus.

7. JAUNDICE AND LIVER TROUBLES.—*Sepia* 3d trit., *Nitric acid* 6, or *Conium* 12 if *Sepia* should fail to act.

8. URINARY TROUBLES.—In frequent micturition, *Pulsatilla* 6 and, if necessary, in alternation, *Cantharis* 6.

9. HEADACHE.—*Pulsatilla* 6, *Belladonna* 3, *Nux vomica* 3.

10. ECLAMPSIA (Puerperal fever).

Patient should be allowed to move freely in bed and only guarded against falling out. The tongue should also be looked after, and when it protrudes it should be pushed back into the mouth. Compresses of cold water on the head, mustard-plaster on the neck.

*Scilla* 3, ten drops three times a day where there is albuminuria and œdema.

*Apis* 1 or *Hepar sulph* 3d trit., where *Scilla* fails.

*Belladonna* 3 in eclamptic symptoms, congestion to the head with red face, morbid contraction of the uterus and enlargement of the cervix uteri.

*Gelsemium* 1, similar symptoms, but the cervix uteri is constricted and hard.

*Opium* 3, eclampsia during parturition, in consequence of mental excitement.

*Cuprum acet.* 3, collapse, paleness of the face and coldness during an attack.

*Moschus* 1 a quarter of an hour after *Cuprum* has failed to act.

*Arsenicum* 6, somnolence.

#### II. ABORTION.

To prevent abortions where several have already occurred, give to the patient:

*Apis* 6 during the first six weeks of pregnancy, violent burning and lancinating pains in the breasts.

*Kali carb.* 3d trit., when abortion threatens in the second or third month of pregnancy, with pains extending from the back to the nates and the thigh.

*Sabina* 6, for the prevention of abortion in the third or fourth months.

*Sepia* 3d trit., to prevent abortion in the fifth and seventh months.

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## CHRONIC HOARSENESS. INSOMNIA.

By Dr. Goullon

Translated from the *Leipziger Pop. Zeitschr. f. Hom.*, May, 1903, for the HOMEOPATHIC RECORDER.

### Chronic Hoarseness.

When homœopathic remedies cure in cases where nothing else has been found of any use, and this for months, and even longer, one would have a very limited range of view to continue to talk of its being effected by nature or to repeat the trite phrase that it would have gotten well anyhow. I will here relate two such cases of hoarseness. Patients are apt to be frightened when we talk of chronic hoarseness or of any other *chronic* ailment, because they consider chronic to be equivalent to incurable. So in the case in question, a female patient, who had been laboring for a year with a stubborn hoarseness, asked me: "I hope it will not become chronic?" This merely in passing.

Mrs. L., forty-seven years old, had besides her hoarseness a peculiar eruption, which gave to her face a spotted appearance. The stubbornness of this exanthem resembling a flat herpes is

characteristic. When a physician endeavored to drive it away with an ointment it not only did not pass away, but even caused very threatening symptoms which had not been observed before; "dreadful attacks of headache, buzzing of the ears and vertigo."

Such evil consequences ought to lead such therapeutists to reflect whether this external ailment of an eruption had not some connection with the affection of the mucous membrane, here the hoarseness.

This patient received about eight weeks ago *Causticum* and *Hepar*, very important remedies, though they do not cover every case of hoarseness and are especially insufficient in cases of entire aphony, paralysis of the vocal chords or in complications with a catarrh in the tips of the lungs. In such cases *Phosphorus* is absolutely necessary.

*Phosphorus* was given in the second case to a lady suffering from hoarseness. I did not, indeed, suspect her of tuberculosis, but she had some time before had hæmoptœ. She dated the beginning of her ailment three years back. Both patients were highly pleased with the results. The lady first mentioned was especially pleased at the removal of the former dryness in her throat. The return of the secretion could only be ascribed to the remedy, as it had been totally lacking up to that time. While she formerly had no use for a handkerchief she now needed one. We may note in addition an occasional lancination in the uvula and her great sensitiveness to cold. "Every bit of fresh air she felt in her throat." The cause of her ailment she ascribed to a thorough wetting after an "awful perspiration."

Also *Sulphur auratum antimonii* was put to use, for there had not been a complete cure after the first remedies, though the improvement caused thereby was unexpectedly great and instructive and worthy of record in both cases. *Sulphur auratum* as well as *Hepar* I prefer to give in the fourth decimal trituration, but *Phosphorus* and *Causticum* in the twelfth decimal dilution. The effect of the latter two remedies is more deeply penetrating, many-sided and acting on the whole constitution, while *Sulphur aurat.* has a more local significance and was known also to the therapeutists before Hahnemann as an expectorant and solvent remedy; in Homœopathy it has become known and received again of late.

#### Our Soporifics.

"Now I would like to get a dozen of my sleeping-powders,"

Mrs. W. concluded, after having consulted me about some other ailments. What? A homœopath dispensing sleeping-powders and thus competing with the allopathic prescribers of *Morphine*? Yes, that is so, only with this difference, that our sleeping-draughts have no injurious after-effects, such as constipation, headache or producing opposite effects to those desired, namely, anxiety and excitement.

The remedy I am speaking of is *Kali carbon*. Two drops of the 12 or 9 D. dilution are dropped on a powder of milk-sugar (about 0.25 grammes) and taken at one dose. *Kali carb.*, as is well known, is one of our homœopathic cardiac remedies; it is a specific in palpitation of the heart after overexertion; among its symptoms are a quick, "intermittent" pulse, but it is also effective in the sequelæ of organic diseases of the heart, among which insomnia is one of the most tormenting symptoms.

It will be found that in very many cases where insomnia is complained of, either in its chronic or its subacute form, there is an abnormal activity of the heart. We mostly find that those who complain of insomnia are people of a sympathetic, sentimental and pessimistic nature, for the heart and the feelings may be said to have an organic connection. In such cases *Kali carb.* should at once be given, though *Sepia* sometimes is found to be its equivalent. But *ceteris paribus* I always prefer *Kali carb.* if I desire at the same time to make recourse to *Morphine* unnecessary.

This patient had a *Kali* constitution. She was prepossessed, imagined an unfavorable prognosis to all her ailments, but has also been depressed by the strokes of fate, and thus has had reason for her dejection. There are many reasons which cause women to need *Kali* more than men, *i. e.*, they are more exposed to prostrating insomnia leading to a despondent state of mind. Anyone who may be disappointed in the effects of *Kali* may also try the other excellent soporifics, such as *Coffea*, *Sepia*, *Ignatia*, *Zincum* and *Zincum valerianicum*; the latter remedy should be used in a low trituration.

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### VARIOUS CASES OF ASTHMA.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, May, 1903.

Clinical experience in the treatment of asthma serves especially to illustrate the rule that patients should not be treated by rou-

tine according to the name of the disease, but according to the symptoms in question, which point out the true remedy. I have had in the last years a number of very interesting cases which were cured with one simple homœopathic remedy, after the allopathic medicines used had proved ineffective; but almost every case needed for its cure another remedy in agreement with the varying symptoms. I had cause to observe also in these cases that the diagnosis formed by physicians cannot in all cases be depended on.

I. About two years ago a large, herculean man came to my room and solicited my advice. He was a blacksmith from the large railroad foundry at G., and after having passed through pneumonia he has now for several weeks been suffering from dyspnoea. He looked to be sound and vigorous, but he said he could not lift his hammer any more, for as soon as he did so his breath was caught and stopped; if he did not let his arm sink he would have to suffocate. No physician had been able to help him, and, unless he received help, he would be unable to work, though still in the most vigorous manhood, and thus his family would be impoverished. In a similar case the *Leipziger Pop. Zeitschrift* some time ago had recommended *Lobelia*. So I gave him that remedy in the third potency, three times a day, as much as would lie on the point of a knife. In a few weeks he wrote me that he was at work again, and if I would be so kind as to send him another supply of this powder he hoped soon to be entirely cured of his asthma; and so it proved to be.

II. Prof. O., of L., wrote to me that his mother, a matron of nearly sixty years, was suffering from asthmatic ailments, adding that these distressing attacks, strange to say, only appeared in wet, rainy weather, while during a clear sky she was always free from them. For years she had been trying various remedies, but, sad to say, without any benefit. According to Dr. Grauvogl, *Natrum sulph.* seemed to me to be indicated in this case, and it proved excellent, the professor writing to me, after using up his supply, that the remedy had acted excellently, as it had not only removed the asthmatic trouble, but also the stool troubles, from which his mother had always suffered. I had sent him the sixth potency, directing him to give a few pellets in the morning and in the evening.

III. Quite a similar case was that of a lady-superintendent of a large Children's Asylum, who wrote to me that she was suffer-

ing from asthmatic attacks, and requesting my aid, if there was any aid from this trouble; she added that she could not see why her trouble always came on rainy days. I had known the lady for a long time. she is now past fifty; I met her again not long ago, and she told me that since she had used these *Natrum sulph.* pellets she has not had any more attacks.

IV. A woman of F., the wife of a locksmith, over forty years of age, called on me and asked me for help from her asthmatic, convulsive attacks, from which she had now been suffering for seventeen years. She said that these attacks were worst when going to bed and generally by night. Sometimes these attacks were so severe that she had her windows open even in midwinter, in order to get air so she could breathe. At the same time her mouth and throat were so dry that she continually wanted to drink. It was impossible for her to *lie* in bed, she can only sleep while sitting. Several times her case had been so serious that the physician had declared she could not live. The choice in this case was easy for a homœopath, for *Arsenicum*, even in the 30th potency, soon gives the desired effect. On the use of this remedy the patient soon recovered, and as often as she felt a trace of her former ailment the little pellets, so despised by allopaths, were to her of the greatest service.

V. Last summer I received a letter from a lady whom I had not seen for years, requesting me to help her to a homœopathic remedy for her ailment, if such a one could be found. She was already over fifty years old, is unmarried and well-to-do, living in a large provincial town. I knew her formerly as a healthy and well-nourished person, but now she wrote me that she had to cough, ejecting a tough, yellowish mucus was suffering from constipation, and had always to use artificial means as a remedy. But her worst trouble consisted in her asthmatic attacks, on account of which she had often to sit at the open window for hours at night to get some air. At the same time she was nervous, frightened at every noise, though she, at the same time, *was continually getting more corpulent*. Up to this time she had followed Kneipp's method, using a partial wrapping up in wet sheets. But neither this use of cold water nor the use of medicines had given her any relief worth mentioning. I sent her, in a letter, homœopathic pellets, namely, *Apis* 6 and *Fluor. calcium* 6, directing her to use the first remedy for one week, taking three pellets three times a day, dry upon the tongue, and if not relieved to

take next week the other remedy in the same way. At the end of September she wrote me that her asthma and cough had both disappeared and, indeed, from the use of the *Apis* pellets alone, so she had no need at all to take up the pellets No. 2.

By A——M, PRIOR.

## TWO CASES OF SYCOSIS.

By Dr. Mannoiloff, Sophia, Bulgaria.

I. On the 10th of January, 1900, I was consulted by a young merchant on account of an ailment in his face, sycosis, with severe itching; he had been tormented by it now for six years. The patient had been treated for several years by allopathic specialists here, but without any favorable result. Finally he had been compelled to seek aid in Vienna, where he remained for about two months. The patient added, ironically: "I did not, indeed, get any help in Vienna, but I returned to Sophia lightened by 1,500 francs. Now, doctor," he added, "can Homœopathy do anything in this stubborn ailment?"

I promised him to do my best.

Present state: The patient is about twenty-nine years old and well built. An examination showed that everything was normal, only in the face there was noticed: 1. In the region of the right cheekbone there was a place as large as a gold dollar, consisting of a group of hard, red nodules, pierced by several hairs in the center; some suppuration. 2. In the middle of the upper lip there was a spot strongly infiltrated as large as a dime. The hairs here have fallen out, only here and there a hair remains rising from an untouched follicle. 3. On the right nostril there is a small infiltrated spot, with suppuration in the middle.

The face is disfigured. The patient is nervous and very much depressed.

### Treatment.

January 10, 1900. a. *Chelidonium majus*, five drops of the tincture in the morning; b. *Calcarea sulph.* 4 D. in the forenoon, as much as will lie on the point of a knife; c. *Graphites* 6 D. in the afternoon, as much as will lie on the point of a knife; d. *Chelidonium maj.*, five drops of the tincture in the evening.

January 28. The itching is much less. The same prescription.

February 15. The patient feels considerably better. No more

itching; the suppuration of the follicles has almost ceased. Prescription: *Arsenicum jodat.*, 6 D. trit., twice a day, as much as will lie on the point of a knife; b *Chelidonium maj.*, twice a day, five drops of the tincture.

February 28. The patient is very much pleased. The spots affected are almost clean. The skin is clear and is gradually assuming its normal color. Prescription: a. *Bacillinum* 200, morning and evening five drops; b. *Thuja*, 30 D., five drops twice a day.

April 15. The scales on the skin as well as the suppuration have disappeared. The skin has again its normal color. Prescription: *Chelidonium majus*, five drops of the tincture every morning.

June 1. The patient was dismissed cured. About two weeks ago. *i. e.*, after two years, I treated the same patient for some other disease and found that the sycosis had not returned.

II. A captain, about thirty-five years old, had been suffering for two years with "sycosis." He came to me August 15, 1901, with an eruption similar to that described above. He also was treated with *Chelidonium maj.*  $\theta$ , *Calcarea sulph.*, 6 D. trit.; *Graphites* and *Bacillinum* 200, and dismissed cured on November 2, 1901.

## SYPHILITIC ULCERATION OF THE BONE.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER.

Dr. Sieffert has published in the *Revue Homœopathique Française*, of April, 1903, a severe case of tertiary syphilis, in which homœopathic treatment was crowned with a veritable success.

A coachman, thirty-five years old, vigorous and well built, had been seized with syphilis more than ten years ago. Under allopathic treatment the primary and secondary symptoms were soon removed. After that the patient had no more care of his health, but kept on drinking as before.

Three years later he noticed upon his sternum a little raised nodule, which he minded so little that he scratched it off because it itched. A little wound formed, which he dressed with vaseline. But soon the wound changed to an ulceration, which extended further and further, so that the patient went to a hospital, where

Prof. Hartmann, who recognized its tertiary nature, subjected him to a treatment of *Mercury* and *Iodide of Potassium*. An anti-septic dressing was applied to the ulcer.

But this treatment did not show the desired result; the affection of the bone progressed quickly, so that the professor scraped out the ulcer. This worked well for a few days, but then the syphilitic caries again advanced, and a partial resection was considered. But this the patient was unwilling to undergo and he therefore left the hospital.

Then he was advised to try Homœopathy. In a wretched, perfectly emaciated condition he came to Dr. Sieffert, without any appetite and so feeble that he could hardly walk any more. In the meantime, he had consumed a quantity of liquor in order to regain his strength. His ulcer looked malignant; it had eaten out a hole as large as a pigeon-egg in the middle of the sternum.

The patient was first directed to abstain from liquor, and a suitable diet was prescribed. Of medicines he received *Silicea* 30. four drops morning and evening, and at breakfast and dinner he received a spoonful of a mixture of *Aurum muriaticum* 0.02 with *Aqua destil.* 0.20. The dressing, which was to be renewed morning and evening, consisted of a compress moistened with a solution of *Sublimate* 0.002.

In a week the ulcer had lost its malignant appearance, the appetite was improved and the patient more vigorous. In two weeks granulation set in, the complexion was less wretched and the furrows in the skin gradually vanished. But the patient complained about *dolores osteo copi* by night.

*Silicea* was continued, but for *Aurum* was substituted *Kali iodatum*. This caused the pains in the bones to disappear, so that *Aurum* could again be used.

This treatment was continued for four months, with an occasional intercalation of *Kali iodat.*, and brought good results. There were no more pains in the bones; the man looked well-nourished, vigorous and cheerful. The ulcer had formed a complete cicatrice and had only left a slight depression with a reddish fundus. The patient could resume his work.

No further syphilitic symptoms appeared during the last seven years. Twice a year he calls at my office for examination but this merely shows that everything is in good order. Even the depression is now filled out, and there is only a mark of the color of mother-of-pearl. Even his return to Venus and Bacchus has not so far disturbed his condition.

## BOOK NOTICES.

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**A Text-Book of Minor Surgery**, including bandaging. By Newman T. B. Nobles, M. D., Professor of Surgery at the Cleveland Homœopathic Medical College, etc., etc. 325 pages. Cloth, \$2.50; postage, 15 cents. Philadelphia: Boericke & Tafel. 1903.

This book bids fair to be one of the most popular and useful homœopathic works ever published. It has nothing to do with major operations—which, by the way, cannot be learned from books—but is solely concerned with minor cases that require immediate attention, such cases as come to the general practitioner in the course of the day's work. One of the best features of this book is its attention to small matters, to details. The average surgery assumes that you know these, when the chances are that you know nothing about them. For instance, what book on surgery tells you how to remove the sutures or stitches? This one does, and this is but a sample of the completeness of Dr. Nobles' excellent work. The illustrations are numerous and of a most practical nature. Another thing, the author is not only a teacher, but has had a large experience in practical work, being connected with the Cleveland Homœopathic Medical College, Cleveland City Hospital, East End Hospital and Children's Hospital. The homœopathic therapeutics are given in each case requiring them. This is, we believe, the first homœopathic work on minor surgery published since the year 1882, and, as every one knows, surgery has made more progress in the past twenty-one years than any other branch of medicine, and this book is right "up-to-date," to the minute.

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**Dogs.** How to care for them in health and treat them when ill. Homœopathic treatment. Illustrated. Compiled and arranged by E. P. Anshutz 100 pages. Cloth, 75 cents. Philadelphia: Boericke & Tafel. 1903.

This elegant little book is built on the same lines as Mrs. Neel's famous and successful "Cats," the difference being that Mrs. Neel wrote from practical experience, while the compiler of "Dogs" is but a boiler-down of the homœopathic lore on the subject. How-

ever, he was fortunate enough to have Dr. James T. Kent kindly review the work. Everyone knows that Dr. Kent is a great homœopathic teacher, but not everyone knows that he has always taken a great interest in dogs, and probably knows more about them than the average "vet," and certainly more about the proper treatment of their ills. The book contains a dozen half-tone reproductions of famous dog pictures, which add greatly to its interest if not to its usefulness. If you want a practical dog book, get it.

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**Zapffe's Bacteriology.** A Manual of Bacteriology for Students and Physicians. By Fred. C. Zapffe, M. D., Professor of Histology in the College of Physicians and Surgeons, and Professor of Pathology, Bacteriology and Hygiene in the Illinois Medical College, Chicago. In one 12mo volume of 350 pages, with 150 engravings and 7 full-page colored plates. Cloth, \$1.50 *net*; flexible leather, \$2.00 *net*. Lea's Series of Pocket Text-Books, edited by Bern. B. Gallaudet, M. D.

Professor Zapffe's compendious manual covers the theoretical and clinical aspects of Bacteriology in a manner answering the needs of general practitioners as well as of students. He accomplishes this by eliminating unnecessary discussions. Starting at the very beginning he carries his reader systematically up to the point of gaining a full and comprehensive view, not only of Bacteriology, but also of its practical relation to medicine. The whole trend of the book is distinctly clinical—the proper object for a work designed to be of service to medical students and graduates. A course of practical laboratory exercises is likewise included in this singularly comprehensive volume.

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**Findley's Gynæcological Diagnosis.** The Diagnosis of Diseases of Women. A Treatise for Students and Practitioners. By Palmer Findley, M. D., Instructor in Obstetrics and Gynæcology in Rush Medical College, in affiliation with the University of Chicago. In one octavo volume of 494 pages, richly illustrated with 210 engravings and 45 full-page plates in colors and monochrome. Cloth, \$4.50, *net*; leather, \$5.50, *net*. Lea Brothers & Co., publishers, Philadelphia and New York. Professor Findley has appreciated the fact that medical litera-

ture in the English language has hitherto lacked any work paralleling several important books of which German practitioners have had the advantage. Of course, Americans have a number of excellent treatises on Gynæcology as a whole, but their great scope prohibits a full consideration of two of the most important bases of the whole structure, namely, the special pathology and diagnosis. In the present work this desideratum is completely supplied. The author never loses sight of the fact that the purpose of his book is clinical, and to this end he focuses in it all the most modern as well as the long-established methods of arriving at a diagnosis.

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Dr. Perry Dickie's *Hay Fever* will be out before this number of the RECORDER reaches the reader. It is a most excellent, thorough and timely book.

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**A Text-Book of Clinical Medicine. Principles of Diagnosis.**  
By Clarence Bartlett, M.D

It must always be a great satisfaction to a reviewer to find a much heralded volume justify the praise bestowed upon it in advance. It is our agreeable duty to endorse the claim of the publishers that this is one of the largest and most complete works on diagnosis at the command of the practitioner. We have many fine text-books on the subject by old school writers, but may now congratulate ourselves that one of our own number has made a worthy and admirable addition to the list.

On the principle that "more mistakes are made by not looking than by not knowing," Dr. Bartlett's book from cover to cover trains every faculty in the power of close observation, in what to look for, and what deductions to draw from information obtained. The plan of the book is regional, each section dwelling upon every clinical detail bearing on the subject discussed its relations and diagnostic significance. Each individual patient, not an abstract disease, is the object held constantly in mind; yet the determination of the nature of the malady as an important means of ascertaining the remedial measures indicated is, and must be, the teaching of every able diagnostician and prescriber. In this class we number Dr. Bartlett's, and look forward with much interest to a promised work on therapeutics, which is to form a companion volume to the one under review.—*New England Medical Gazette.*

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## EDITORIAL BREVITIES.

GRAND ADVERTISING.—The following appeared in the *Public Ledger*, of Philadelphia:

ALBANY, N. Y., May 6.—The hearing before Governor Odell today on the Bostwick-Dowling bill, designed to prohibit the substitution of drugs in prescriptions, developed into a contest between doctors and druggists to prove which imposed most on the public. Doctors charged that the druggists make a practice of substitution to add to their incomes, and the druggists asserted that they were obliged frequently to make changes in prescriptions brought to them from doctors in order to save the lives of patients.

The bill was favored by Dr. E. J. Palmer, ex-President of the Quarantine Commission of New York, representing the Medical Association of New York City.

“Mr. Wiley, the Chemist of the National Government,” said Dr. Palmer, “made an investigation recently of the extent to which drug substitution was carried on by the druggists of New York City. He had 360 prescriptions for phenacetine filled at drug stores in New York City and only fifty-eight of the druggists furnished the article called for. All of the others furnished a drug which is inferior and does not cost one-tenth the price of phenacetine, but they all charge for phenacetine.”

It is very wrong for druggists to “substitute,” but when one recalls the fact that Phenacetine is a trade-marked, proprietary article, “made in Germany,” one of the “coal-tar” products of which Antipyrin was the progenitor, one cannot help the surmise that the German drug house that owns the patent medicine in question is working a shrewd advertising scheme on the Government, the medical profession and the newspapers.

BEATS ANTITOXIN.—“A German professor is enthusiastic over the power lemon juice has in destroying the germ of diphtheria. He lost one case out of eighty where he used this remedy. The

juice was diluted and used freely as a gargle and local application. Small pieces of lemon can be chewed or sucked and the effect is speedy and satisfactory."—*Medical Times*.

ECHINACEA IN SMALL-POX.—Dr. George F. Tyson, of Evanston, Ill., reports (*Medical Visitor*) excellent results in treating a bad case of small-pox with *Echinacea*  $\theta$  internally, and externally *Echinacea* mixed with alcohol, distilled water and glycerine. In three days time the eruptions had dried up and to-day patient shows no scars.

"SPIT" OR "EXPECTORATE."—Dr. Lederle, the President of the New York Board of Health, has received a number of protests against the use of the word "spit" in the printed ordinances of the department, and suggestions that the word "expectorate" be substituted. In defence of the use of the former word, Dr. Lederle has made public the following characteristic letter, which was written in 1896 by President Roosevelt, who was at that time a Police Commissioner in New York City:

"HON. CHARLES E. WILSON, President Health Board.

*Dear President Wilson.*—Can't you have our form of notice changed so as to read "spit" instead of "expectorate?" Expectorate is a vile word and the Health Board ought to use good English.

"Sincerely yours,

"THEODORE ROOSEVELT."

—*Medical Examiner*.

## NEWS ITEMS.

Dr. E. Hasbrouck has removed to 410 Ninth St., between 6th and 7th Avenues, Brooklyn, N. Y. Telephone 157 South.

Dr. D. P. Brown has changed his location from McKinley Hospital to 305 E. State St., Trenton, N. J.

There is an excellent training school for nurses connected with the Barnard Sanatorium, of Baltimore, that graduated five nurses in May. The Sanatorium is a good homœopathic institution at 2724 N. Charles St.

The Class of 1888 of the New York Homœopathic College held their annual reunion Class dinner at Hotel Hanover, May 6th.

The Illinois Homœopathic Medical Association met in Chicago, May 12th, 13th and 14th, on the seventeenth floor of the Masonic Temple.

Dr. J. P. Ermentraut has removed from 44 Seventh St., New York, to 97 Cambridge Place, Brooklyn.

Dr. E. J. Fraser, of San Francisco, California, has removed his office to 522 and 523 Parrott Building.

Dr. Geo. W. Mitchell, Hahnemann, Philadelphia, has located at Berwyn, Pa., succeeding Dr. F. L. Richards.

Send us "News Items" about yourself or the society.

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### CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-third annual meeting of the society was held at New Haven, May 19, 1903, Dr. C. H. Colgrove, of Willimantic, in the chair. After the usual business session the president delivered his address, and following able and scientific papers were read by Drs. H. P. Cole, M. J. Adams, W. P. Baldwin, E. H. Linnell, J. H. McDougall, Mary Ives, of this State, and Dr. George F. Laidlaw, of New York. Dr. Laidlaw gave a most interesting and practical talk upon an "Easy Method of Outlining the Cavities of the Heart." A note of thanks was tendered him, and resolutions adopted upon the death of Dr. T. F. Allen, who was an honorary member of this society, after which the meeting adjourned. The following officers were elected for the ensuing year: President, C. N. Payne, Bridgeport; Vice-President, Sophia Penfield, Danbury; Secretary, Hills Cole, Hartford; Treasurer, E. J. Walker, New Haven.

The meeting was well attended and a successful one. Three new members were added to the society.

## PERSONAL.

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If you are thinking of moving to Nebraska, read what Dr. B. F. Bailey has to say. See page 269.

A French scientist says that the "snakes" a jim-jammer sees are the congested blood vessels of the retina.

A man is certainly in a hole when he is dead.

Yes, Mary, the man who gets the best of a "hoss" trade may be said to be driving a bargain as he drives home.

There is no hat-rack in the Hall of Fame.

We have read that the mother-in-law joke was a chestnut in the days of Socrates.

*Life* suggests that it is easier to get "real" animals on the stage than actors.

A man summers at the seashore and often falls dead broke.

One of the Missouri Examining Board's questions or demands was: "Define disease." What's the answer?

The Michigan *Bulletin of Vital Statistics* says that the mortality from small-pox in that State is "less than one per cent."

A man never covets his neighbor's baby.

"The less government we have the better," wrote Emerson.

Of fool laws there is no end.

Abbot says that neurofibromatosis of the tongue is in the category of macroglossia, but has nothing in common with hemangiomatous forms.

New York decides that the vaccination laws do not apply to the Catholic school children.

Tincture of *Sambucus Can.* in half teaspoonful doses is said to be curative in dropsy, whether "due to heart, liver or kidney diseases."

Writes M. A. W., of the hospital: Every Case eventually becomes a Grateful Patient for the Good Name of the Institution. The others die.

The St. Louis police arrested a man for whistling. Let the good work go on.

Lorenz says he knows a little of his profession, but Chicago Board of Health made him pass an examination; later he was made a Doctor of Law, "though I know nothing of law."

# THE HOMŒOPATHIC RECORDER.

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LANCASTER, PA., JULY, 1903

No. 7

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## ON THE PROVINGS OF PICRIC ACID.

In the days when I was fresher and even greener than I am at this writing there occurred the following incident: A patient came to me with a grave look on his face and told me that his wife, then at nearly the sixth month of pregnancy, had developed an abdominal hernia. Not being of a surgical turn (for there was not as much "money in it" in those days) I referred him to a celebrated surgeon in a neighboring city. He was summoned to see the case and I was asked to be present at the examination. The patient was a tall, thin person, having the slightest musculature that I had ever seen. The hernia was found to be on the right side of the abdomen, a little to the right of the mesian line and not quite midway between the umbilicus and the pubes. The surgeon recommended an abdominal elastic bandage, having a plug of cork, the pressure of which he thought would produce adhesion; for in his opinion the weight of the gravid uterus had split the *rectus abdominis*. "Pressure," he said, "would bring about adhesive inflammation."

The prognosis was decidedly favorable, and the delighted husband ushered the surgeon and my little self into the dining room, where we had a royal smoke; and his bin had several bottles less of wine in it when we drove away from that hospitable house.

(Alas! that adventure led to a protracted "drunk" and to my receiving some days later the strangest holograph I ever saw—a letter written by one just this side of *delirium potatorum*. I have the curiosity before me as I write.)

After she had worn the elastic bandage nearly a week the husband came to me again, saying that his wife found the silk bandage very heating—it was midsummer—and he asked if it would not be just as well to wear it only at night, for, said he, "there is no hernia when my wife is *standing up*."

Sure enough, when the lady stood erect there was no "hernia," but upon assuming the dorsal position out it popped.

When I learned that fact *that* elastic bandage was lain aside; and after her confinement she was *minus* one baby and a very peculiar "hernia!"

The learned surgeon had mistaken a "phantom tumor" for a hernia, but he got a good fat fee all the same, as is the wont with these gentry.

But what has all this to do with "the provings of *Picric acid*?" Just this: The same pathological law that gave my patient that "hernia" produced J. Lance, Jr.'s, myopic vision,—“Can read only with the book about five inches from the eyes.”

There it was on the pages of the *New York Journal of Homœopathy* and also in the *Encyclopedia of Pure Materia Medica* staring in the face editors of all degrees, "consultative" and otherwise, and yet by count of noses ignominiously dismissed as a "high potency" chimera! Verily, we can see only what we have learned to see; and neither editors nor critics had *learned*!

What is the pathology of a "phantom tumor?" Simply that an overworked muscle is thrown into a spasm when the strain is relieved. Figure it out for yourself in the case of the patient mentioned, and you will see how it was that the supine position gave rise to the "hernia."

Under given conditions any overworked muscle flies off into a spasm. Take for an instance "writer's cramp." You cannot learn from any rag-bag *Materia Medica* that *Silica* is "indicated" therein, because the *letter* of that symptom is not to be found in any "proving" of *Silica*; but the *spirit* of that symptom is clearly discernible to those who can distinguish the dot over an i from a fly-speck. The writer in the old *North American Journal of Homœopathy* whom I have previously quoted said: "The *Silicea* patient feels as if he could not possibly do this or that, but when urged to the doing he goes off in a spasm of over-doing." Whereupon he deduced this corollary from his study of the two drugs,—“*Silicea* exalts and intensifies the normal irritability; *Picric acid* depresses and extinguishes it.” But all this is "caviare to the general." Oh, when will homœopathic physicians seek to know the *genius* of a remedy rather than merely to be acquainted with the shreds and patches of the chiffonier's bag?

Read the proving of J. Lance, Jr., or turn to symptom 144 in

Allen's *Encyclopedia*, *sub voce Picric acid*: "Dilated pupils." Do you see the profound significance of that isolated observation? Do you see how it buries all cavilling theoretical objections to provings made with "attenuations above the twelfth decimal?" Do you know that the same *dilated pupils* establish beyond all possibility of doubt the verity of this prover's other statement: "Can read only with book about five inches from the eyes?" Do you note what a valuable differentiating symptom this myopia is when it comes to distinguishing between *Picric acid* and *Argentum nitricum*? You will not find this knowledge in any rag-bag *Materia Medica* extant, strange as it may appear!

"We have seen mydriasis rise from a state of spasm in the sympathetic] pupillary fibres, and myosis from paralysis of the same."\* There you have the pathological fact that plainly tells you of the *incompleteness* of J. Lance, Jr.'s report; he had told the truth, but not the whole truth. Had he been as well instructed as we trust medical under-graduates may some day hope to be, he would have noted the *condition of the pupils* when "everything seemed blurred, as if looking through a fog or a thick veil." He would then have noted a degree of myosis pathologically corresponding to the antecedent mydriasis. This is a specimen of the internal evidence which stamps a proving with authenticity for those who know what *must be the pathological sequences in a thorough drug proving*.

The pathologist, then, can read at a glance the meaning of the myopia recorded by J. Lance, Jr.,—but why did editors galore not see it? Well, I cannot answer that conundrum, or, rather, I will not.

Remember, now, how *Picric acid* saps the muscular strength. *A short walk tires one out of all proportion to the length of the walk*, and bear in mind that this *adynamia* is the mint-mark of *Picric acid*.

Now apply this pathological fact to the ciliary muscles of this prover, and remember the *real* "characteristic" not only of *Silica*,—"when urged to the doing he goes off in a spasm of over-doing."

The drug had sapped the strength of the ciliary muscles, and when the prover forced them into action there came the spasmodic

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\*Eulenburg and Guttman, *Phys. and Path. of the Sympathetic System*, p. 131.

contraction, increasing the convexity of the crystalline lenses and, lo! the prover could "read only with the book about five inches from the eyes."

Of a truth, J. Lance, Jr., had "builided better than he knew," and it seems, better than a baker's dozen of learned editors knew; and yet again the stone which the builders rejected has found the place of honor, for who cannot see in this rejected symptom the revelation of the *genius* of *Picric acid* has probably spoiled a third-rate shoemaker in the futile effort to make a fourth-rate physician.

Remembering the influence of the "personal equation," the student of drug action will not be surprised because this myopia recorded by J. Lance, Jr., stands, as yet, an isolated observation. Even an isolated symptom can have its genuineness satisfactorily established if it is in pathological accord with the other symptoms of the prover. A proper study of the provers' day-books (but always "with brains, sir,") will enable one to eliminate the spurious.

Think, too, of the value of this symptom in that close differentiation which is absolutely essential when prescribing for so serious a condition as locomotor ataxia in the early stage: when alone there is a ray of hope. The earnest young practitioner will find himself halting between *Picric acid* and, say, *Argentum nitricum*.

In his anxious search for the remedy he notes such differences as these: "Can see to read only with the book about five inches from the eyes." *Picric acid*.

"She is able to read only by holding the page which she is reading at a distance from her eyes." *Argentum nitricum*.

Both of these provers, it may be well to add, were taking the 30th potency. Strange how these provers will persist in corroborating one another's results!

Ah, how these telling differences reveal themselves to him who has learned their value! For instance: "Pain from the eye [left] to occiput." *Picric acid*. "Pain from occiput to eye [right.]" *Silica*. "Pain from base of brain going down the spine." *Picric acid*. "Pain goes up from spine to occiput and frontal region." *Silica*.

One object of these papers is to put on record all the provers' day-books, and this for making possible the only fully fruitful method of studying the pathogenesis of any remedy; the other is

to establish the validity of the rejected proving of J. Lance, Jr.—rejected, by count of noses only, during the delirium that has been logically followed by the “compound tablet” in the hands of homœopathic physicians!

Thus doth the whirligig of time bring about its revenges.

*Ann Arbor, May 10th.*

S. A. J.

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### Supplementary Note.

During a recent “Discussion on the Therapeutics of Leucæmia and Allied Conditions” Dr. Blackley said “that he should like to refer first of all to one or two points about *Picric acid*. He would have mentioned *Picric acid*, but on reading the article in question, which appeared in one of the American journals, it did not impress him very much. Another reason was that in Parisel’s exhaustive account of the effect of the drug upon man and animals there was no mention of anything in any way approaching leucæmia, or spleno-medullary disease, or anything of the kind.”

It is something of a surprise to find a physician of Dr. Blackley’s scholarship referring to “Parisel’s *exhaustive* account,” etc. Parisel conducted his investigation with the predetermined purpose of establishing *Picric acid* as a much cheaper remedy for intermittent fevers than the costly *Cinchona* salt. He did not “interrogate nature,” he simply sought to establish a predilection. Compared with the researches of Erb, Parisel’s “exhaustive account” is almost farcical, and there is little wonder that “the article in question” “did not impress him very much.”

It is something more than a surprise that Dr. Blackley has, evidently, no knowledge of Erb’s really “exhaustive account” of the effect of *Picric acid* upon the blood; and as the good doctor is interested in the therapeutics of leucæmia and allied conditions he will doubtless be pleased to be directed to where he will find “*licht, mehr licht!*”

What success he will achieve from the *light* that Erb can give I dare not conjecture, for the doctor has some peculiar “notions” on the therapeutics of leucæmia. He informs us in this wise: “In approaching the subject of the therapeutics of leucæmia I would premise that the condition is pre-eminently one where the old-fashioned purely systematic method of prescribing is not of the slightest avail; it has been tried and found

wanting on many occasions, and unless the subject is approached from the pathological standpoint it is in the highest degree improbable that our treatment will be crowned with success."

If Dr. Blackley and any of his kind are really capable of *applying* "the old-fashioned purely systematic method of prescribing," then surely "Othello's occupation's gone;" but there is much virtue in your "if," and homœopathic physicians will have no hesitation in choosing between Hahnemann's ORGANON and Dr. Blackley's *obiter dictum*.

Dr. Blackley has some curious things in his *repertoire*. "It is important to remember," he says, "that leucæmia, or leucocythæmia, has no independent existence, but is merely one of the stages of the lymphadenic process, and is invariably accompanied by a neo-formation of lymphoid tissue." And yet he writes about "the *therapeutics of leucæmia*," presumably prescribing for "one of the stages of a process." Hahnemann has something to say about prescribing for the "totality" in applying "the old-fashioned systematic method." Perhaps Dr. Blackley's therapeutic artillery aimed at *something that has "no independent existence"* may account for the "found wanting" which he so ingenuously acknowledges,

What with his "leucæmia," "leucocythæmia," "lymphadenic process," "lymphadenoma," "lymphadenia," *et cetera*, it must be admitted that Dr. Blackley is raising "1" generally; but after all the bother it is only words, words, words. Here is a specimen: "*Lymphadenia* is likewise 'not a nosological entity, but a *pathological state* characterized by anæmia, by hypertrophy of certain hæmato-poietic organs (spleen, red-bone marrow, lymphatic glands, and lymphoid tissue generally), and ultimately by the augmentation of the leucocytes of the blood.'"

And yet it is this iridescent nosological *non*-entity that Dr. Blackley is chasing in the hope of catching it by throwing some "therapeutic" salt on its tail!

Freed from all scientific verbiage, the sum and substance is this: Bennett's Leucocythæmia is simply the *ultimate of antecedents* of which we have no evidence that *they* have entered into Dr. Blackley's "totality;" for by his own statement the *causative* "pathological state" is *followed* "ultimately by augmentation of the leucocytes of the blood." Verily, a Solomon has come to judgment; but Dr. Blackley must not be allowed to cut his pound of flesh out of *Homœopathy*,—not even though aided and abetted by his admiring colleagues of the British Homœopathic Society.

If Dr. Blackley had read the "article in some American journal" with even the slightest understanding of the hæmolytic action of *Picric acid* he would never dream of prescribing *Picric acid* in leucocythæmia from "pathological" considerations. The action of *Picric acid* in and on the blood is chemical, not dynamic; but "the old-fashioned purely systematic method of prescribing" will enable the truly homœopathic physician to apply *Picric acid* successfully when it shall be the similitum of the *antecedent conditions of which leucocythæmia is the ultimate*. And these conditions, be it observed, are not to be found with a microscope.

Dr. Blackley's paper and the discussion that followed would be of slightly more value had it shown that *Picric acid* had proven useless in such a case as that reported off-hand by Dr. Epps.\* "The patient complained of no pain, though he was *very weak* and *short-breathed*, and had swelling and *cramps in the legs*."

A Hahnemann, a Hering, a Lippe, and a Dunham would have seen the *genius* of *Picric acid* in the "speedy exhaustion from slight exertion;" but I much question if the "Spirit of the Homœopathic Doctrine" will ever be discerned by making blood-corpuscule countings with an achromatic lens. It is a pleasant pastime and the weekly "reports" may amuse the patient until the undertaker "gets in his work."

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## IS IT TRUE?

By Dr. G. E. Dienst.

Is it true that certain pains, aches, functional disturbances, as impaired hearing, etc., are a necessary sequelæ of disease? Is it true that rheumatism, albuminuria, deafness or blindness must follow scarlet fever? Or stiffness of the joints follow typhoid fever, or chronic catarrh—nasal or bronchial—follow measles? Upon this point I hear so much, and in fact sometimes see it in other physicians' patients, to such an extent that I sometimes wonder if we know just what we are at. Though a busy man, and one who gets his quota of these cases, I have my first case of any of these acute diseases to result in the usual sequelæ; and it

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\*Journal of the British Homœopathic Society, p. 111, April, 1903.

leads me to ask myself this question: Is my diagnosis correct? Do I know a case of scarlet fever, measles, diphtheria or typhoid fever when I see it? Well, possibly I do not, but in one or two instances I had pretty good counsel, and he agreed with my diagnosis, and this made me feel pretty good, but I failed to get the usual "after pains," and it may be we were both mistaken. But years of study and practice have made me a trifle sceptical, and I often wonder if some of these diseases were left to careful nursing whether the usual post-disease complaints would result.

During the recent past I have seen a few of such cases and have had the pleasure of clearing them up (at least I think so), and I wonder where in all the world the mischief lies. Away down deep in my soul I think some one has been guilty of the most abominable meanness or is in possession of the most barbarous ignorance. I don't want to be severe in my judgment regarding others, but, my sakes! I do get hot under the collar at times.

Take this case:

#### Case No. 1.

A young lady recently came to see me about herself, and when she told her story I became indignant—she was not my sweetheart, remember—and I felt like choking somebody until they were blue under the gills. She said she took typhoid fever in September, 1902, and was *in bed* three long months, and after she was able to sit up she had lost a partial use of her limbs, and even now can not climb or descend a stairway—this is April, 1903, please—unaided; and when she squatted she could not arise unaided, and a lot of other things she told me. Then she had a cough, and the doctor said she was going into consumption, and has night sweats and is so weak. My! this was a sad state of affairs. I asked her what she had taken and she did not know, but her cousin, who nursed her, said: "Oh, the doctor out where she lived gave her *Quinine* and *Strychnine* and a lot of this prepared stuff you get in bottles." "Oh, yes, yes, I understand," said I. On inquiry I was told the doctor thought there was some pneumonia, but was not sure. Well, let us see, I examined my fair patient and found results of an unhealed lung and a general turmoil all over the body—stiff joints, no ambition, constipation alternating with diarrhœa, etc., and on a careful study of the case and the symptoms she had when sick as well as at the present, I concluded my friend should have had a dose of *Phosphorus*. Ac-

cordingly I gave her a dose of the *r m.* (B. & T.) and a liberal *Sac lac* and consented to her continuing her visit among friends here and in Joliet. In three weeks she returned, with no more stiffness of the joints, no more cough, very little night sweats and very few pains anywhere else. She had increased in weight, had helped her friends clean house, goes up and down stairs at leisure, and can squat as good as anybody (except an Indian or Chinaman) and can get up unaided. Now, then, what puzzles my thick head is this: Suppose that girl had had a dose of *Phos.* during her illness, when it was doubtless needed, would she have had these months—four at least—of pain and mental anguish? And if not, ought not the doctor who had her case have the gable end of his pantaloons treated to a piece of sole-leather—I mean end on—for not giving it? “Well, but he does not know anything about *Phos.* in potentized form, and by the way is a regular.” O, beg pardon, please, I understand. A regular, yes, yes, a regular dooper, hit or miss.

Much of the so-called sequelæ is the result of excessive medication, wrongly chosen remedies, treating conditions that do not exist, producing a medical disease and implanting it upon the already diseased individual. This compels patients to suffer from the disease brought on by any cause whatever, and the baneful effects of poisonous drugs besides. When recovery takes place under such treatment it is in spite, not because, of the treatment. If the patient can withstand the disease and injurious effects of the medicine he *may* recover, and if not, he *MUST* die, and in case of death under such circumstances, what is the cause of death?

### Case No. 2.

This was an unfortunate case, and I thought I would say nothing about it at all, but it gives some food for thought.

A young man, married, the father of two children, had led a rather dissipated life, was taken sick in Iowa while firing on a freight train, and after one month in the hospital was brought home to his parents here. When called, I found him very weak, suffering from diarrhœa, cough, loss of appetite, very nervous, trembled almost constantly, pulse 130, temperature  $104\frac{1}{4}$ ; but slept well and refused to keep his bed during the day. My diagnosis was, results of uncured pneumonia and too much strong medicine. It was but a short time until we had him feeling much

better, and as he improved an old discharge from the urethra came on, and I then learned that he had been a victim of gonorrhœa which had been suppressed. I cautioned him to take very good care of himself and his diet and do nothing to stop this discharge. All went on very well. He gained in flesh, had a ravenous appetite, pulse became slower, temperature normal, and he was soon out hunting. One cool evening he exerted himself too much, perspired, sat out in the cold wind and took a very severe cold. The result was severe congestion of right lung, great dyspnœa, high temperature, rapid pulse, but appetite remained good. In three days, temperature normal, appetite good, but dyspnœa continued, and discharge from urethra suddenly ceased. A friend of the family, a regular physician, was called from Chicago in consultation, and he advised strong saline draughts to flush the bowels, an expectorant of *Ammonia carb.*, *Ammonia mur.* and *Ammonia brom.* and strong doses of *Digitalis tincture* to stop the rapid action of the heart.

My objections were obvious. *Phosphorus* had done much for him. *Carbo veg.* CM. had greatly relieved the dyspnœa and my patient showed symptoms of improvement; but this friend had so talked this into the young man that in another week he called for another consultation. The lung that had been full of crepitant râles was healing and the consultant remarked the progress the patient had made, but again insisted on the above treatment. My objections were again obvious, but this time the consultant tarried for supper and I lost my hold on the patient. The following week was one of trials, though my patient improved so that he could lie on the lounge part of the time—hitherto he had slept sitting in a chair—and his breathing was better, pulse-rate not quite so rapid and appetite good. At the end of the week—on Sunday morning—the case was transferred to my friend and the above treatment was given. On Monday the patient seemed some better and on Tuesday still better, and Tuesday evening, while his mother was reading to him, he gave a slight cough, gasped and was dead in less than two minutes. Now, then, what caused this sudden and very unexpected death? Was it the disease? The consultant said the lung was improving, but the heart was slightly hypertrophied and pulse-rate 105 to 110, and *must* be reduced. *Digitalis* was the only remedy, he said, to reduce the pulse, and I firmly believe he succeeded, but he could not start it again. Where was the trouble?

I tried to reproduce the discharge, for there was a sycotic miasm there that retarded rapid progress, and by means of *Medorrhinum* I sought to relieve the system of this miasm, and it seems I was on the borderland of success when my regular friend put a stop to it. Was I wrong? Or should I have given *Dig.* early in the disease to stop the heart's action—beg pardon, reduce the pulse? A true *Dig.* pulse is "slow, very slow," and this wasn't. Now, is it true that death may result from attempting to *force* a slower action of the heart regardless of other conditions, especially when using severe saline draughts to the extent of five or six severe evacuations in twenty-four hours.

Brethren, there is something wrong somewhere, and some one is responsible, for I frankly confess I never saw it so in the TRUE science of medicine, where the law of similars was our *only* law, and the TOTALITY of symptoms our only therapeutic guide.

*Naperville, Ill., June 1, 1903.*

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## TUMORS CAN BE CURED WITH HOMŒOPATHIC MEDICINES.

By J. A. Whitman, M. D.

Are tumors curable? Seeing the article on tumors in the last RECORDER brought to my mind what I have accomplished in treatment of tumors. Many years ago a woman came to me in August to know what I could do for her. She had a tumor reaching above the umbilicus, size of a six months' foetus. I told her I could cut it out; but as it was so hot I should prefer to wait until cooler weather, but in the meantime I would give her some medicine and see if I could not stop its growing any larger while waiting.

She came back in about a month saying she thought the lump was smaller. I kept on the treatment, and, to tell it quick, at the end of the year the tumor could not be found and the woman well and living to-day.

The next case was a man with a neck that was studded with lumps and sinous openings that words cannot describe; he wanted to know if I could help him, as he had been suffering with them for years, so that he was unable to work, and the discharge and stench was almost unbearable; I told him I would try.

I put him on to *Calc. carb.* 200x, a dose every day or two, and following the treatment by the symptoms; at the end of the year there was not a lump or sore, but such a looking skin as covered the flesh few ever saw, from the scars that *remained*.

He often speaks of it now, years later, what a good job I did for him (as it has never troubled him since). When a case of glandular swelling comes to me now about the neck, no matter what stage, I feel as confident of curing as I do of the most simple troubles.

Another very interesting case. A woman of about forty called on me for relief of severe pelvic pains, as her physician was out of town.

My treatment gave relief, so much so that she wished me to continue, after discharging her doctor, who told her she must have the *tumor* cut out from which she was suffering, which was about the size of a goose egg, situated in the pelvis on the left side.

I put her on to internal remedies as were indicated by the symptoms.

She commenced improving. I saw her occasionally, the tumor gradually wasting away in the meantime. I was called to see her daughter about a year after, when, to my surprise, she informed me the *lump* was all gone. She was confined to her bed most of the time when I took her case.

I am now treating a case—a woman about twenty-five who has been treated by the same M. D. that treated the other case, who informed her the *knife* was the only *cure*.

A tumor about the size of a hen's egg in the left pelvic region. She was unable to attend her household duties; she visited my office the past week, informed me the *bunch* is growing smaller and she is doing her work fairly well.

After relieving the pain I put her on to *Apis mel.*, which is doing the work.

I will not try to give you any course of treatment for tumors, but treat them as symptoms indicated.

*Apis* seems to have a great affinity for pelvic trouble or tumors.

*Bell.* covers more conditions of pain connected with the uterus than any other remedy I use.

I have given these cases to show that tumors, like all other ailments of the body, are benefited by medical treatment; I use no outward applications in my cases.

The only outward application is *hot* water applied with a cotton compress with flannel covering, but you must use it *hot*. That, with *Bel.* internally, will relieve any case of pelvic or uterine pain as sure as applied; if it does not, you may rest assured you have a case that is going to give trouble.

Now, the next case you have of the tumor family try internal treatment three months before you use the knife; *but treat the patient, not the bunch.*

*Beaufort, S. C.*

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## THE "POTENCY" OR "DILUTION" QUESTION.

The question of the best "potency" or "dilution" of homœopathic medicines for general use has been a burning one since Homœopathy has existed. It crops up in a more or less acute manner every now and then, and is followed by a lull, when it is found that divergences of opinion continue to exist in spite of all discussion on the subject. In America the dilutions of medicines are generally spoken of as "potencies," while in England the term "dilution" is usually adopted. The former term implies the theory that medicines acquire greater power therapeutically the more they are diluted, while the latter term simply states the fact that the dilutions are dilutions of the crude drug and involves no theory. Hence until the theory is established, or universally admitted, it seems to us better to adopt the term which simply states a fact. The reason why there is no *consensus* of opinion on the best dilution to employ in practice is, that there is no known law of the dose, except the wide one that the dose must be less than will aggravate the symptoms. Nor has any suggestion of a law ever been made which throws any further light on the question. The only standing ground, therefore, which we have is the practical experience of each one for himself, corrected or modified by the accumulated or collective evidence of others. In this country the preponderance of opinion is in favor of the lower or medium dilutions, and up to the thirtieth. Comparatively few of us in England use higher ones, and then not as a rule, but occasionally. In the United States, on the other hand, a large number of physicians chiefly employ the dilutions from the thirtieth to the two-hundredth, and up to the thousandth, or even the c.m.

or hundred-thousandth, claiming to gain better results both in acute and chronic diseases from such dilutions than those below the thirtieth. Both sides of the question have been debated and discussed, often, we regret to say, with considerable and very unnecessary acrimony.

The low dilution school, if we may so call it, is apt to sneer at the use of such "transcendental" doses as are employed by those who habitually use the scale from the two-hundredth up to the M. and the C., and to be sceptical in regard to their results, while the "high-dilution men" insinuate that treatment by low dilutions is not homœopathic at all, but what they are pleased to term "mongrel" practice. It is very unfortunate that such unfairness should exist towards each other in the minds of men who are thoroughly loyal to the cardinal principle of Homœopathy, and are ardently devoted to the desire to carry out the law of similars in the way they find most successful. In the present state of our knowledge, or rather absence of knowledge, of any law of the dose, save, as we have said, that the dose must be less than will aggravate the symptoms, we must judge by results, as to whether high or low dilutions or both, employed in different circumstances and in different cases, are the most desirable to employ. And in thus judging of results it behoves us to be absolutely fair. We know that physicians of both the high and the low dilution "schools" are equally fully educated, are equally accurate observers, and are equally capable of drawing conclusions as to their success in the treatment of disease. Hence clearly and accurately described cases treated with high or low dilutions must be judged by the same fair standard, for otherwise the question will never approach a settlement so far as to point out the best practical rule. It seems to us that if the efficacy of the thirtieth dilution in the treatment and cure of the disease is admitted, as it is admitted universally among homœopaths, it is difficult to say with any logical accuracy how far higher the dilution may be carried with equal success. And if unmistakable results of cure are obtained by dilutions much higher than the thirtieth it will not do to put them aside as doubtful, as the effects of nature, or of imagination, or for any other reason. The old school treat our cures with even low dilutions as doubtful, and explain them away in the same manner, and so it behoves all homœopaths to remember this and not allow themselves to fall into the same error in regard to their high-dilution brethren. However unpalatable it may be, truth

must always be faced and not shirked. In other words, whatever our personal predilections may be as to high or low dilutions, we must be absolutely fair in our judgments and be open to conviction. Otherwise no progress towards the solution of the dose question can be within measurable distance.—*M. Hom. Review.*

(Does not trituration develop the power or "potentize" the crude drug? For example, *Calcarea carb.* and many other drugs.—Ed. HOM. RECORDER.)

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## ENLARGEMENT OF THE STOMACH.

By Dr. Criquelion in Mons.

In my earlier writings I have called attention to the frequent relation existing between diseases which seem to have only a remote causal connection. I mentioned at the same time the strange case where general paralysis was cured by a treatment directed against *enlargement of the stomach*. In this case I paid no attention to the affection of the brain, because I believed that there was but little chance of ameliorating it, and gave all my care to the gastric condition, which I hoped to change more easily. I expressed my surprise at this extraordinary cure; all the cerebral symptoms disappeared gradually and just in the same proportion as the improvement in the stomach progressed. The primary affection was symptomatic for the secondary one; the enlarged stomach had pressed back the heart and constricted its action; the neurasthenia, on the other hand, had depressed its activity and its power of contraction. In consequence, there arose passive congestions which had brought forth all the symptoms of a softening of the brain.

Analogous phenomena very frequently appear with respect to the pelvic organs, especially with women. Excessive enlargement of the stomach and the neurasthenia which attends it, or, I would rather say, which precedes or causes it, press the abdominal organs against the pelvis and cause the accumulation of blood there which calls forth passive and chronic congestions. This may be observed with married women as well as with virgins.

I frequently meet ladies complaining of weariness, weakness, yawning, sadness and despondency, with digestive ailments, attended with eructation, at times also with heart-burning, pains in

the kidneys and uncomfortable feeling in the pelvis which they cannot account for. Frequently, also, there are spasms of the bladder, the uterus and the anus, though the latter is less frequent; accompanying these ailments there is great difficulty in remaining erect for any length of time.

I never hesitate to diagnose a congestion of the uterus with more or less dislocation of the same, and local examination always justifies my diagnosis.

As before said, these affections are very frequent and those afflicted have all to suffer from it more or less; for many they are a constant source of torment and anxiety. These are the patients who crowd the gynecological clinics and on whom certain specialists continue to operate without mercy, scraping and cauterizing the organs of these poor victims, who are terrorized by fear and thereby handed over to the knife of their executioner!

And yet these conditions are cured by internal medication, I might almost say easily, but that occasionally there are complications, which, however, are rare.

In what follows I describe my very simple and logical treatment, but without claiming, as our opponents do, to practice "rational medicine."

The main disturbance is an enlargement of the stomach by the relaxation of its fibers, owing to a neurasthenic diathesis, which is nearly always hereditary, attended with a corresponding tendency to expand, to which the organ is subjected through the excessive ingestion of solid and liquid aliments.

This cause must, first of all, be removed by limiting the patient to a restricted diet. I forbid all dishes cooked from flour, potatoes, soups, pastry and cakes, because they constipate and cause much flatulence, which again causes excessive distension and violent enlargement of the stomach. I also forbid the excessive use of fluids, and only allow as much as is needful in eating, for fluids do not agree with such patients; there is a real dyspepsia caused by fluids.

On the other hand, I prescribe a nourishing, though somewhat sparing nutrition, of matters easily digested. Thus we avoid congestions and disintegration and also the formation of all manner of toxins; though I do not give these any special consideration, as I am not an antiseptic. Their number naturally decreases when the organism again performs its functions naturally.

The articles of food which I recommend are good bread made

of flour not too closely bolted, eggs, and meat which is not fat nor sour nor corned—I really am a vegetarian on principle; this mode of living is useful in neurasthenia, as it restores the weakened vital energy. Ardent, stimulating beverages in small quantities also equally serve this purpose.

I recommend the patient not to be afraid of a glass of good, pure wine, which may be slightly weakened with water. This will agree very well with the patient and is very grateful to the stomach.

With such nutrition *massage, gymnastics, living in the open air and water treatment* may be usefully combined. All these things are beneficial and assist in the restoration of an edifice threatened with collapse.

But hygiene alone is not sufficient. If we desire a radical cure, restoration of man's physical, intellectual and moral vigor, hygiene must be supplemented with appropriate medicines.

In the great majority of cases I took my refuge to *Cocculus* 3 C., *Lycopodium* 6 C., *Antimonium crud.* 6 C., and *Sepia* 3 D., which I gave daily in alternation,

*Cocculus* 3 C. corresponds to cerebral symptoms caused by congestion, especially in vertigo.

*Lycopodium* 6 C. shows in its pathogenesis and excessive evolution of gases in the stomach, caused by slow digestion, weariness and considerable flagging of energy after meals, especially when these are constipating.

*Antimonium crud* 6 C. is indicated where there is a sticky tongue, gastricism (overloading the stomach) and bad digestion.

*Sepia* 3 D. acts in a wonderful manner in chronic congestion of the uterus; it quickly causes it to disappear and so also the spasms of the bladder, of the uterus and the anus, which are merely mechanical phenomena.

The pain in the small of the back and the difficulty in keeping oneself erect disappear at the same time. As the congestion diminishes the fluor albus also ceases pretty quickly, keeping pace with the healing process; the uterus returns to its normal size and does not bear down so heavily on the ligaments, which are now able to sustain it; so it rises gradually and occupies its original place. Everything is restored to its order and the disease is at an end.

I can assure you that the cases cured in this way are numerous, while those that are attended with histological disturbances justi-

fyng or necessitating a surgical operation are quite rare. These cases are cured with an extraordinary simplicity, and the poor terrorized women are thus saved from all anxiety as to painful and disagreeable examinations and operations, to which they often submit from fear of some cancerous or other complication.—  
*From Revue homœopath. Belge.*

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## WANTS TO KNOW ABOUT THYMUS SERPYLLUM.

Editor of the HOMŒOPATHIC RECORDER.

I have been a subscriber to the RECORDER for a number of years, and as I see by its title page it is devoted to the introduction of new remedies and advancing our knowledge of old ones I would like to ask you if you will tell me something about *Thymus serpyllum*? I have inquired in a number of pharmacies and they cannot give me any information on the subject.

What is the action on the nerve system, and what potency should be used?

By answering in the next RECORDER, you will oblige an old subscriber.

*New York, June 20th.*

L. A. G.

*Thymus serpyllum*, or wild thyme, has never been proved, consequently its action from the homœopathic point of view is unknown. The Eclectics (Felter and Lloyd) say: "Thyme is tonic carminative, emmanagogue and antispasmodic." They give it in dyspepsia, with weak irritable stomach; also in hysteria, dysmenorrhœa, flatulence, colic and headache. No special indications are given for its use.

Any of the RECORDER's readers know anything about this most ancient remedy, which for some unknown reason has escaped our provers?

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## SOME CINA CASES.

By Dr. Lorenz, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
May, 1903.

From a more lengthy article on the use of *Cina* we excerpt the following interesting cases:

I. Last August I was called in to see a three-year-old girl who, according to her parents, had been sick for eight weeks. The child, which had been quite well before, had been seized, after a severe error in diet, with vomiting, diarrhœa and colic. Her loss of appetite had continued for several weeks, when it somewhat improved; but the evacuations had not again renewed their normal appearance; mucous diarrhœa alternated with constipation; colicky pains also still occasionally appear, especially at night. A stubborn choking cough had also since appeared. Her sleep was very restless, *the child was always tossing about in her bed.*

All homœopathic remedies used so far, and also the hydropathic measures had not had much effect.

The objective symptoms were as follows:

The patient was much emaciated, the face pale; rings around her eyes, the pupils not dilated, but indolent in their reaction, the expression tired and somewhat anxious. The tongue showed a white coating; there was no striking symptom in the thoracic organs. The abdomen was somewhat distended, not sensitive to pressure. The urine was dark yellow, slightly turbid. No fever. The gastric disturbances in connection with the psychical changes in the child made me prescribe *Cina* in alternation with *Mercur. sol.*, both in the sixth potency.

Next night brought a very serious aggravation. The child became very restless, threw itself from one end of the bed to the other, groaned, spoke deliriously, struck at its mother, rejected all food, so that the parents feared that the child had lost its senses. But on the next day these threatening symptoms began to decrease, her appetite and sleep returned and in a few days the child could be considered as cured of a disease which had lasted with little change for eight weeks.

II. A little girl of nine years, very tender and of light hair, whom I had treated three years before in meningitis, fell sick in October, 1901, with violent fever, headache and vomiting. No cause of the illness could be found out.

On examination showed the following condition:

Face pale, pupils dilated, the lids half closed, the sensorium much obstructed. The skin sensitive to the touch, slight twitching in the arms. Pulse accelerated, full. The abdomen not, indeed, retracted, but hard to the touch. Tongue whitish. Temperature, 104°.

After *Aconite* and *Belladonna* the fever diminished in two days, but in the evening of the third day a peculiar attack ensued; the girl became restless, delirious and commenced to cry out, complained of colic and showed violent dyspnoea. This lasted more than an hour.

This convulsive fit caused me to give *Cina* 6, after which there were only a few traces of this state on the following days, ceasing entirely on the discharge of a lumbrical worm. At the same time diarrhoea set in, continuing several days without causing any further trouble. Complete recovery ensued very rapidly also in this case.

III. A three-year-old, pasty-faced boy, with innate tendency to catarrhs of the upper air-passages, was taken sick in Nov., 1901, with cough, lack of appetite and moderate fever. An examination showed single crude rhonchi above the lungs, connected with catarrh of the nose and of the fauces. The patient received *Tartarus stibiatus*, and when no noticeable improvement followed and there were also pains around the navel and great restlessness, *Cina* and *Mercurius sol.* After this the fever, indeed, ceased, and the cough also improved, but the colicky pains had rather increased yet and diarrhoea had set in. When four days' use of these remedies showed no further improvement, though the diarrhoea had diminished and violent pains during micturition appeared, which caused the boy to retain the urine for a whole day, I determined on the use of *Belladonna* 6. But this, as well as the *Cantharis* 6, given afterward, proved wholly without effect. The urine discharged had a very intense smell, was of a deep color and turbid, but contained no albumen. The general condition grew worse from day to day, the boy refused all nourishment, groaned continually, drew up his legs to his body, continually changed his position, kept his eyes closed most of the time, but did not have any restful sleep even for a moment. When the abdomen was touched, which felt hard, he complained of vivid pains, so that it gave the impression of inflammation in the abdominal cavity.

*Bryonia* 6, which was given on account of these symptoms, could not change anything in this condition. The absolute repugnance to all nourishment, his restlessness and complaints of pains had still increased. Besides it was now noticed that the boy continually bored in his nose. This caused me to make another trial of *Cina* and *Mercurius*, but this time in the 30th potency.

The restlessness at once noticeably diminished in the following

night, and in a few days the boy felt quite cheerful again, though it required several weeks for his full restoration, as his strength had sunk so low.

What caused the action of *Cina* and *Mercurius* 6 to fail in this case I cannot say with certainty. It is, of course, possible that the preparation, which was not fresh from the pharmacy, may have been spoiled, or the potency was, perhaps, not rightly selected, or its secondary effect was not awaited long enough.

IV. A little girl, six years old, tender and nervous, came under my care in the beginning of last April. She had been suffering from diarrhœa since Christmas, especially at night, and had been treated all this time, without any lasting success, by an allopathic physician. The child had often suffered with worms. This fact, as well as the nocturnal aggravation and the tenesmus after the evacuation, caused me to give *Cina* and *Mercurius corrosivus* 6. After this there was a slow improvement, the stools became less frequent, the appetite improved, and yet, in spite of the continuance of the remedy, after three weeks an aggravation set in which would not give way. Gnashing of the teeth was also noticed at night. I now gave the girl on two successive days a small teaspoonful of *Artemisia santonica* (worm-seed). Then a large lumbrical worm was discharged, and the child quickly grew well and remains so.

V. A little girl, of one and a half years, fell sick with three other children of the family of whooping cough. A series of the most usual remedies—*Ipecac.*, *Tartar. stib.*, *Cuprum*, *Bryonia* and *Arsenicum*—proved of no effect. The cough neither diminished in frequency nor in the virulence of its attacks. To this was added diarrhœa, which also proved stubborn. *Calcarea phosph.* 6, *Kali phosphor.* 6, and others were in turn tried in vain. The emaciation and prostration reached the highest degree imaginable. In this enormous weakness, the continued restlessness and irritability, observed by myself as well as by the family, was most striking. The mother also told me that after the attacks of coughing a gurgling noise was always audible. I then gave *Cina* and *Mercurius corros.* 6, in alternation, and attained at least so much that the diarrhœa was checked and that the child, which for several days had refused all nourishment; now again empties its bottle. The cough has also diminished somewhat, but this can, of course, only stop gradually. In any case, these two remedies caused such a decided change for the better, in the almost desperate condition, that we can again hope for a favorable issue of the disease.

VI. In conclusion, I shall subjoin a case which showed a decided aggravation after the use of the remedy. A girl of nine years, who had frequently suffered from lumbrical worms, complained one day, without any visible cause, of pains in the umbilical region and received for it a worm-powder, consisting of *Santonin* and *Calomel*, as it is sold at retail in the drug shops here. Immediately after taking it the pains increased intolerably, diminishing again, however, in about an hour and ceasing entirely next day. Neither in this case nor the others mentioned above, excepting Nos. 2 and 4, could I notice any discharge of worms, though the evacuations were always carefully examined.

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PHELLANDRIUM AQUATICUM IN PNEUMONIA,  
TUBERCULOSIS, AND ESPECIALLY IN  
ONE-SIDED LUNG AFFECTIONS.

By Dr. Gaudy.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, March, 1903.

I. In the first days of April, 1897, a young engineer, employed in a factory, came to my office. He had been coughing for about eight months and a half, and was afflicted, especially in winter, with a catarrh of the bronchia, which would let up as the season became warmer. During the last two months and a half his cough had increased in a disquieting fashion; he had hardly any appetite, with much variety; his aggravations made prodigious progress. The patient was, besides, weakened by frequent diarrhœas. He had lost a number of pounds the last month. These disquieting phenomena were, in addition, attended with attacks of fever, accompanied with chills, most pronounced during the hours from three to five o'clock. It was a burden to him to get up in the morning; the patient felt wearied out and quite exhausted, and could hardly force himself to leave the bed. These attacks were at night attended with profuse, clammy perspiration, lasting till morning. His ailment had begun with a violent sore throat, which had now lasted for eight months, but this had decreased in proportion as the symptoms in the chest predominated. The voice is weak, almost lacking; sometimes there is complete loss of voice. The parents, profiting by experience, had no illusions as to the

sad issue of the disease, but they requested me to try what I could, for the sake of conscience, do toward his cure, which I did, without promising or hoping anything. The physician of the factory had, with the consent of the director, given him a three months' furlough, with the permission of lengthening the same according to his condition. The physician had not concealed from the director his opinion that he would not again see the engineer in the factory; but—what an irony of fate!—the physician himself was carried off by acute consumption, a miliary tuberculosis, while my patient is cured, at least for the present, and I hope to keep him in a state of satisfactory health. I knew the young man as very delicate; his father and all relatives on the paternal side had died from consumption. One of the sons, a hopeful young man, who seemed the most robust of all, became a victim to miliary tuberculosis. The brother and sister, who are still alive, are of very delicate constitution and there is but little likelihood of their being long-lived.

I subjected the patient to a ~~very~~ critical examination, and determined without trouble that there were the most convincing symptoms of caseous tuberculous degeneration in the acromial and infra-scapular and infra-clavicular hollows, thus both anteriorly and posteriorly on the right side. Furthermore, throughout the whole extent of the right lung there were whistling and clicking sounds, or mucus-rattling noises in detached groups. On the left side there were less pronounced symptoms, but indubitably resting on the same disease. According to the physician of the factory, the left side had become involved later.

The patient had for a long time used the latest fad-remedy, *Kreosote*, which had promptly taken away his appetite. This is, indeed, the only result which this remedy produces sooner or later, but inevitably, in every case.

The complexion was a leaden gray, the eyes tired, the cheeks deep-red and sunken, the voice weak, extinguished. A constant cough, evening and night; the expectoration is thick, of ill taste, frequently consisting of large clots. I could not conceal from his relatives the hopeless state of the patient. I chose from the suitable remedies those which seemed most in agreement with the general state of the patient, but, I must confess, at first without the least effect. In spite of my frequent calls, his state became worse and worse.

On the 19th of April he came to me full of despair and in a

state of the utmost exhaustion. I prescribed *Phellandrium aquaticum* 6, a few drops of the solution to be taken three times a day, and *Calcareea phosphor.* once in the morning. I did not dare to prescribe *Phosphorus* for fear of a hæmorrhage, and I preferred to weaken its effects by combining it with lime.

On the 24th of April he himself declared that he felt much better, owing to these remedies. His appetite had returned, the cough at night had almost disappeared and it showed itself with a certain violence only in the evening and less violent in the morning. The perspiration has much diminished. The mood of the patient is more cheerful; he says he feels better and can now easily get up. He returns to the country whither I sent him.

This treatment was continued till May 3d. There was now little cough, but the expectorations thick, spoiling his appetite and causing much nausea. The left side is now perfectly free; the improvement on the right side is considerable as to the main features, with the exception of the level of the supra-scapular hollow, and the infra-clavicular region, where there is a somewhat sharpened and prolonged, somewhat saccadic respiratory expiratory murmur; the right lung seems to be healing right along. There are no more whistling, crepitating, rattling sounds; there is a return of the fullness of form, as is manifest in the face, which is fuller and shows almost normal color. The patient is confident of his approaching cure; there is still a slight dry creaking sound in the lungs.

I sent him back to the county, telling him to return in ten days. For the expectoration I prescribed *Bryonia*, *Pulsatilla* and *Ipecacuanha*, discontinuing for the time *Calcareea phosph.* and *Phellandrium*.

When he called again, he was in despair, for he said that he was almost in the same state as when I started treating him. And actually, his appetite was gone, his features changed in their expression, the voice fallen away; he coughed much, fever and perspiration had returned, so also colic, chilliness, and frequently he found it impossible to get warm. The symptoms on the right side of the lungs showed the same intensity, and the left lung was in a corresponding state. I was quite inconsolable.

I again prescribed *Phellandrium aquat.* and *Calcareea phosph.* and saw him again in six days, *i. e.*, on the 10th of May. He returned in the same state as from April 24th to May 4th. No more morbid symptoms on the left side, and a very satisfactory

state on the right side, as also with respect to appetite, sleep, cough, and activity of the muscles and the respiration.

I took good care not to change my prescription; though in order to establish the action of each of the two remedies, I after some days omitted *Calcarea phosph.*, giving only *Phellandrium*. The improvement then advanced even more decidedly and rapidly than before. Toward the end of June I advised him to resume his position in the factory and he returned to it in the first days of July. I thought I could well advise the resumption of his activity, since auscultation showed nothing abnormal any more, and if I had not known the lesions in the right lung so well I would have had difficulty in finding any trace of them.

I have lately heard that his health continues good. There was one remarkable symptom, however, which had a manifest connection with his cure; the patient complained of violent sore throat, and although his voice was restored his throat was violently inflamed. When examined it showed a deep redness with thick varicose veins on the soft palate, as well as on the arch of the palate and in the fauces; there was also a striking thickening of the mucous membrane, and a dirty gray coating.

I took good care, however, not to change the prescription and merely advised the additional use of gargling with a solution of *Boracic acid*, which effected a cure in four to five days.

This latter feature seems to contain an important point, namely, the return of the disease to its starting point, and the plain proof that every disease of fixed duration must again pass during its cure through its course, but in a contrary direction. We also see the specific action of *Phellandrium* in acute and chronic ailments of the right lung. In all inflammations which at first are clearly localized in one of the lungs, the complications which afterwards appear in any part of the system, even paroxysmal pains, disappear as soon as the original disease turns toward healing; and the whole phenomenal and painful process merely concentrates itself on the original seat whence it issued.

Finally we notice the necessity of abiding with the one remedy and not deviating from it, nor being led away by other causes, even though apparently of great importance. This is plainly shown by the omission of *Calcarea phosph.*

II. Mrs. S., about forty years of age, lives in the country, is of delicate constitution, extremely lymphatic, without appetite, emaciated, suffering from a pertinacious, mucous cough, with a

sweetish disagreeable expectoration and purulent sputa, shaped like coins. She had long been under treatment for bronchial inflammation of the right lung. In spring she repeatedly complained of hæmoptæ. Winter is always a painful season for her, only during the hot season she seems to revive somewhat. After hearing of a striking cure by me of a chronic pleurisy with one of her workmen, she determined to make a trial of Homœopathy.

The left lung is intact. The stethoscopic symptoms in the tip of the right lung are rather obscure, but they are sufficient to justify the diagnosis of a torpid tuberculosis; its nature developed more plainly after the first remedy (*Sulphur*). On the right side of the base there are indubitable signs of a chronic pleuropneumonia, probably of the same nature as the affection in the tip of the lung. There are unfavorable antecedents in her family, and there are in her case also psoric phenomena of an eczematous nature. She has been an invalid for six years and a half.

She came to my office on March 1st, 1893. I first prescribed *Sulphur* 1000, which I permitted to act for six weeks, following it up with *Phosphorus* 1000, which I also allowed to act a full month, according to the advice of Dr. Gallavardin in his work on Diseases of the Lungs, which is probably in the hands of all homœopaths.

She felt a noticeable improvement after these remedies, but her state soon remained stationary, and I could determine the existence of a small cavity from a certain obduration which I observed. The patient also had short breath, a hoarse voice, cough morning and evening, less at night, but as a special symptom I noticed a dry creaking in the tip of the left lung, as also a pretty far extending whistling and a plainly audible mucous rattle. She ascribes this aggravation to a cold, which she cannot, however, satisfactorily explain to herself.

I was not disturbed by this, and on May 10th I gave her *Phellandrium aquaticum* 6 and *Calcarea phosph.*, three doses a day.

In examining her on May 20, I was glad to discover a considerable improvement. The left lung was clean and the symptoms in the tip of the right lung had almost disappeared. The dullness at the right side of the base had much diminished, the lungs had regained their elasticity, the vibration of the voice was almost normal, only rarely there was heard a crepitating rattle and the respiration of lung was complete. The patient was radiant with joy.

On the 7th of the succeeding month I gave *Phellandrium* alone, and the improvement in the general health, nutrition, appetite, the energy of the muscles and of respiration, etc., all of them were rapidly returning to a normal condition. I now continued almost exclusively *Phellandrium* and the cure almost complete can no more be denied. My care was then turned chiefly to preservation and prophylaxis, for we must not forget that in this, as in many other affections, it is proper to continue the curative treatment, not only to ward off a relapse, but also in order that the very habit induced by disease may be eradicated and health may be substituted in its stead, for this is the great goal of our calling.

I may perhaps be blamed for not making a microscopic examination of the sputa. I did not do so, because the presence or absence of the bacilli in the expectoration can hardly serve as a specific sign of tuberculosis, except as the organic destruction of the organism, which runs parallel with the increase of the bacilli, proves and declares it. I well know that the watchword at present is to hawk and to snore with the wiseacres of to-day, but their momentary infallibility does not compare with the fundamental thoughts of the old clinics, our great and true teachers.—*From Journal belge No. 4, 1897.*

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## PHOSPHORUS IN POST-DIPHTHERITIC PARALYSIS.

By Dr. Stiegele, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*

On the 21st of August Jacob W., from U., forty-one years of age, came to my office. An anamnesis showed that the patient had passed through an attack of diphtheria in the beginning of May, 1901. He had no medical attendance during the acute affection. Four weeks later a paralysis of the vocal cords and of the soft palate showed itself with all its attendant symptoms. An electric treatment by a specialist produced a favorable effect on the paralytic symptoms, but another series of symptoms now set in with ever increasing severity, and this state had lasted until he came under my treatment.

*Present status:* The patient entered the office with an uncertain slow gait, showing that every step was an effort. The patient complained of great weakness in the arms and legs, so also a sensation of weakness of the heart and palpitations. He could only walk with a great effort. He was unable to go from the lower story of his rural cottage to the upper story without aid. But the most disagreeable symptom was the continual numb feeling in his arms and legs and the formication in his hands and in the soles of his feet.

An *examination* showed a considerable diminution in the strength of the muscles of his arms and legs, both in active and in passive motions. The tones of the heart were clear but very soft, action of the heart, 90. There was, therefore, a post-diphtheritic paralysis in which the muscles of the extremities and of the heart were chiefly affected.

*Therapy:* *Phosphorus*, 5 Dil., three times a day, three drops, for two days, then a pause of one day.

On the 23d of September the nurse who had taken care of the patient since May came to report that immediately after taking the medicine the numb feeling in the legs and arms had disappeared, as also the formication in the hands and the soles of the feet; he can walk now much more easily. The patient can work again. A week ago, thus three weeks after the beginning of the treatment with *Phosphorus*, he had plowed a field. The palpitation of the heart had entirely disappeared. This was the statement of the case.

In an epicritic consideration of the therapy an objection may be made that the claim is one of *propter hoc*, while it might merely be *post hoc*.

I must confess that this common expression of "scientific" skepticism appears to me often as a sign of a pessimistic therapeutic nihilism rather than the result of a really thorough and penetrating critical acumen. This is the more the case since this argument of *post hoc ergo propter hoc* is always with ridiculous partiality and onesidedness applied to internal therapy, while no one would, *e. g.*, think of doubting the value of the electro-therapeutical treatment which caused the cure of the paralysis of the vocal cords and of the soft palate.

It is, indeed, well known that diphtheritic paralyzes in by far the greater number of cases come to a cure spontaneously. I am convinced that also in the case under consideration this would have taken place.

The difference between a mere cure by nature and the accelerated cure of the symptoms of the case in question through the use of *Phosphorus* consists merely in the time consumed.

That the duration of the paralysis was essentially shortened by the use of *Phosphorus* I believe I may assert with certainty. A proof of this lies in the severity of the case, which until it came under my treatment had remained stationary for exactly two months. The two colleagues who had treated him before me had both declined to make any further therapeutic efforts. Then, again, the rapid change in condition of the patient immediately after entering on the treatment with *Phosphorus* is, I think, decisive.

We have here, we may say, a spasmodic progress, not a gradual amelioration, such as would have been the case where nature alone is operating. The period intervening between the unchanging condition of severe sensational disturbance and motory paresis until there was again the full ability to work would appear too brief to be the work of merely natural improvement. For the homœopathic practitioner there is an additional demonstrative force in the extraordinary closeness of the image of the *Simile* in the coincidence of the symptoms of the disease and of the remedy. Dr. Cochran recommends *Phosphorus* in paralysis after diphtheria, where there is formication and "going to sleep" in the hands and feet.

Also the pathologico-anatomical considerations should be noted. According to Baginsky muscular disturbances, especially those of the heart, are due to the fatty degeneration of the muscular elements; it is well known that the final effect of chronic poisoning with *Phosphorus* is the same.

Besides *Phosphorus* the physicians present also recommended *Gelsemium* (the most valuable remedy according to Farrington), *Causticum*, *Natrum muriaticum* (Rapp), and *Calabar* (Puhlmann.)

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## TABACUM IN A CASE OF CEPHALALGIA.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
June 4, 1903.

A young girl had the hay fever every year; later she had instead of it been seized with cephalalgia which lasted for four months.

She received *Pulsatilla* because her ailment always improved in the open air, but neither *Pulsatilla* nor *Sanguinaria*, *Sepia*, *Nuxvom.*, *Onosmodium*, nor any other remedy had any lasting effect. After four months the headache still appeared daily. Finally *Tabacum* brought a cure, and this has now held good for two years, nor has there been any return of hay fever. Since then Dr. Cartier has given *Tabacum*, 3 C. or 6 C., with good results in a number of cases of arthritic headache in which Lilienthal has indicated *Colchicum*, *Colocynthis* and *Guajacum* as especially useful.

We are sorry not to find any indications as to the individual symptoms in this case, but there must have been in such a protracted case quite a number of the particular symptoms of *Tabacum*. This remedy acts very positively on the head, as the smoker has found out to his sorrow on making his first experiments in smoking.

As symptoms we find: Sensation of a void and confusion in the head. Vertigo, even to a loss of consciousness, with vomiting; worse in the room, better in the open air. Great heaviness of the head. Pressive pain above the eyes, in the vertex and the temples. Lancinating pain from one temple to the other, through the orbita. Rush of blood to the head, with internal heat or pulsation in the temples. Neuralgic headache with weariness or excitement. Head feels as if tightly bound, disturbance of vision, buzzing in the ears and vertigo. Sensation of burning and pricking on the outside of the head. The hair falls out. Formication over the left temple.

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## TWO PILOCARPINUM CASES.

By Dr. Mau in Kiel.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*

In the leaves of the Brazilian plant *Pilocarpus pinnatifolus*, sold in drug stores under the name of *Folia jaborandi*, we find, besides some other alkaloids, also *Pilocarpinum*. Medicinal poisonings caused by this alkaloid and from the *Jaborandi* leaves which are much used in allopathic doses by allopaths are by no means rare, and even fatal results have been observed at times. The symp-

toms resulting are mainly salivation, strong perspiration, lachrymation, copious secretions from the nose, nausea, vomiting and diarrhœa. The action of this remedy on the salivary and the sudoriferous glands is made use of therapeutically in allopathy, to cause salivation and perspiration. Homœopaths will, accordingly, make use of this remedy, but in doses which absolutely exclude poisoning, and will then cure with it salivation and exhaustive sweats.

I. A woman, twenty-five years of age, in the fourth month of her pregnancy, had been suffering for several weeks from severe salivation and nausea; sometimes this proceeds so far as to cause vomiting, when, however, only ingested saliva is thrown up. She had done nothing to counteract this ailment, probably thinking that it would be in vain, but when her face, her hands and her external sexual organs began to show an œdematous swelling the patient became anxious and sought for medical advice. After using *Pilocarpinum* 6 D., a dose every three hours, the œdematous swelling disappeared in a few days, and as she continued the remedy gradually also the nausea and salivation ceased.

The urine did not contain any albumin; had there been any, I would, nevertheless, have commenced the treatment with *Pilocarpinum*, though this remedy would hardly have sufficed to complete the cure. It was, indeed, a favorable action in renal troubles, and has been of great service in dropsy caused by inflammation of the kidneys after scarlatina, but its renal action is not as yet sufficiently determined.

Since my conversion to Homœopathy I have often thought of a case quite similar and I have been sorry that my acquaintance with this science did not begin earlier. For the lady of the house where I boarded as a student was in the family way, and I remembered that she was continually troubled with incessant nausea and salivation; she could not eat anything and was continually spitting out a white, thick, foaming saliva. She had an allopathic doctor, but his treatment consisted not in giving her *Pilocarpinum*, but in promising her that if the ailment should last too long or if she should get too low he would arrange for an artificial premature delivery. Nor did he fail to give her the usual gladdening consolation, that with the end of pregnancy she would also be delivered from all these troubles. The patient endured her troubles, bore a healthy boy and, sure enough! at once the salivation and nausea were at an end.

It would have been a great pleasure if I could have helped this good woman, but it may have been better so,—if not for the patient, at least for me;—who can tell what I might have had to undergo at my examination, if the authorities had found out that a mere medical student had strayed away so far as to treat a patient homœopathically

The two cases I have here mentioned show most evidently the difference between the science of Homœopathy and the practice of the old school; on the one side a quick and certain cure, on the other side complete impotence and the prospect of an operation threatening the life of the child, all on account of a state which is easily remedied.

And even now, in spite of the great progress in science, this remedy, which in strong doses causes salivation and nausea, and in small doses produces the opposite, seems not yet generally known. When the writings of the professors of the Greifswalde University, Schulz and Arndt, become more generally known (Hahnemann and Homœopathy not being mentioned even once) then the law of *similia* will be generally acknowledged and benefit mankind also through the medium of allopathic physicians.

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#### NOTE ON BORAX AND BORACIC ACID.

Hr. Mankiewicz said that after giving large doses of borax he had seen eczema of the toes and fingers, with loss of the nails. This occurred every time one patient took large doses of *Borax*. He then described the acute borism that workers in borax factories suffered from.

Hr. Menchel had given 0.5 gramme of *Borax* daily for long periods to epileptics, and had never seen harm resulting from it.

Hr. Liebreich remarked on the great difference between giving 100 grammes of *Borax* in a short time and taking flesh preserved in it, which would contain at most 0.1 to 0.3 per cent. If there was more than that the taste would be spoilt. He further emphasized the fact that death had never been known after *Borax*, whilst an undoubted case of death was known from excessive use of salt. No one, however, would give up the use of salt for this reason. The great advantage of *Boric acid* was that it only preserved fresh meat; putrid meat, in spite of it, still retains its nasty

taste. Flesh preserved with *Borax* might be designated as such, but it was unjust to do away with *Borax* as a preservative agent altogether.—*Medical Press, Berlin letter.*

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## CURE OF A CASE OF SCARLATINA GANGRENOSA.

By Dr. D. Haese.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*,  
June 4, 1903.

August 13, 1902. A boy four and a half years old, of lymphatic nervous temperament and herpetic constitution. He had intertrigo behind the ears and eczema of the face from time to time for the last two years. He is sick with angina tonsillaris, with œdema and swelling of the glands below the lower jaw. The œdema is hard and livid on both arches of the palate. The scarlatina eruption has become pale. Violent pains in the throat. Temperature,  $41^{\circ}$  to  $41\frac{1}{2}^{\circ}$  ( $105.8^{\circ}$  to  $106.8^{\circ}$  F.). Pulse quick and frequent; respiration very frequent. Swallowing impossible; great dyspnœa. *Belladonna* 6 in alternation with *Mercur. sol.* 6.

August 14. By lancing with the bistouri there was discharged from each arch of the palate some bloody serous fluid, which gave the little patient considerable relief.

The child, which else had always been somnolent in the evening, became restless and delirious; it raised up, gesticulating and crying with a voice almost gone. It wanted to run away. The temperature of  $41^{\circ}$  to  $41\frac{1}{2}^{\circ}$  continues. *Bellad.* 6 in alternation with *Hepar sulph.* 6.

August 15. The breath is fetid, the fundus of the pharynx is black. Œdema of the face, of the eyelids and of the conjunctiva oculi et palpebrarum. It appears as if the eyes would start from their sockets.

At times violent restlessness by day and by night. Complete insomnia. Temperature about  $42^{\circ}$  ( $107.6^{\circ}$  F.). *Arsenic.* 6 and *Lachesis* 6. Four nourishing enemata of bouillon, eggs and wine in twenty-four hours.

August 16. The fetid smell from the mouth still increases. The œdema of the face continues; a bloody, serous flow from the mouth, the nose and the ears. Continued delirium and constant

restlessness. *Arsenicum* and *Lachesis* continued. Temperature, 40° to 41° C.

The mouth, the ears and the nose are washed out with oxygen-water, to cleanse them and to remove the fetor.

August 17. The fever and restlessness are diminished. Somnolence. Great weakness and complete deafness. Slight improvement of all the symptoms. The œdema begins to diminish. The remedies and the nutritive enemata are continued.

August 18. The general improvement is more pronounced. No medicine. Temperature, 36½° C. (97.7° F.).

August 19. The child speaks and wishes to rise. The fauces are pale and colorless. The marks from lancing are cicatrized. No medicine. The child takes milk and bouillon, but without appetite.

August 20. Slight fever. White spots on the nasal-palatol space and on the tonsils. The lips and teeth appear sooty. The child is sad and weeps. *Arsenicum* and *Lachesis* are given again. The child sleeps in the evening, with some perspiration.

August 21. The child plays with dominoes on the bed. No appetite, but the fever has left; the white spots have disappeared.

August 22. The appetite slowly returns. A purulent, fetid discharge from the ear, which had begun the evening before, now increases in quantity. Injections of carbolyzed *Glycerine* (1:100), *Pulsatilla* 6; later, *Silicea* 12, *Calcarea carb.* and *Sulphur*, in the course of two weeks brought everything into order. Also, the hearing has gradually returned in its completeness. — *Journal Belge d'Homœopathie.*

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## PRICE.

The element of price enters into everything that we do, think, feel or have. The people who believe that something may be had for nothing, or for less than its real value, are the people who trust appearances—who are duped and misled all through life. They are the suckers—people who have no understanding of values, and are consequently no judge of price.

Money is only one representative of price. It is often the cheapest way of paying for things. Money represents labor—somebody's labor. It may not be yours if you are a shirker. Every

life is a cost to someone. If he or she prefers to exchange self-reliance, the opportunity for self-growth and development, for a life of vanity and ease, he or she may find the way to accomplish this by twining his or her life about that of some hardier, more self-reliant person, but the price is paid just the same, and in the final reckoning it is a dearer one than the trials and hardships of ordinary experience in the struggle of life.

Spiritual helplessness and adversity, mental bondage and darkness, are more terrible to face than questions of self-support and self-guidance, because the two latter problems become increasingly easy with experience and discipline, while despair, like a blank wall, faces the person morally weak and unused to responsibility.

Our virtues are our costliest possessions. It requires long years of right thinking and right doing to make a man courageous. It takes years of self-denial and self-sacrifice to make him honest. Honesty, courage, justice, are all forms of unselfishness. A man may inherit these qualities, but the price has been paid for them, just as the coin, which we tender in payment for our debts, was bought by the toil and sweat of the miner.

Nature exacts more from the man who inherits spiritual wealth than from his more animal brother. It is an unailing law of nature that everything that is not fed and used shall atrophy and die. This is as true of human qualities as it is of the physical members or the fruit and foliage of the vegetable world.

The price demanded for any kind of possession, material, mental, moral or spiritual, is first effort, then responsibility. We struggle to acquire it, then we must use it wisely in order to hold it.

When men come to understand this question of price thoroughly, there will be little room in the world for vice or crime. Every feeling, every thought, every act has its price. Whether we enjoy or sorrow, something is subtracted from our vitality. We can spend in reason, because our emotions, like our fluids, become stagnant and morbid without circulation, the bringing in of new elements and getting rid of old ones. Vice is excess—an exhausting of one's powers without a profitable return. Crime is misdirected effort—an interference with natural laws and penalties—an effort to get something without paying the natural price.

Crimes against life and property will become increasingly rare when all men realize that nothing, absolutely nothing, can be had or done without paying for it. The world has its price and

Nature has hers. When these two disagree, it is always Nature's price which is paid in the long run.

A man may agree to let his son have a fine piece of farming land for a dollar. That is all the money which passes, but if the young man does not work it on correct principles, it will be sold for taxes by and by.

Your grocer may sell you a pound can of baking powder for thirty-five cents, which purports to be as good as the fifty-cent kind. It is not, and can not be. If you attempt to make it do, you simply pay the difference in a depreciated physical condition. Diminished working power and doctor's bills may further increase the cost. If some of our economies were traced to a final reckoning, we should be astonished at the usury they have compounded.

A man may commit a crime and succeed in dodging the officers of the law—himself he cannot escape. His mind is filled with alarms. Every face is that of a foe. Distrust and suspicion color his thoughts. His brain goes over and over the circumstances of his crime. He feels himself set apart from other men by its horrid consciousness. Even if he is never brought to justice, Nature exacts the price of his wrong-doing.

A day of suffering follows a night's folly. This suffering, disability, loss of time and reputation must be added to the gambling debt, cost of liquor and other incidentals.

Everything has its price. Always, under all circumstances, this price must be paid. It is better to have Nature in your debt than for you to be in hers. Acquaint yourself with values, learn her laws, and forestall some of her hard lessons.—*Medical Brief.*

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Of *Arnica* Hahnemann remarks: "*Arnica* is a Polychrest or remedy applicable to a great variety of diseases; exhibits its specific efficacy in all cases of injury from falls, blows, and surgical operations; is an indispensable intermediate remedy in most inveterate chronic diseases, although each dose acts only six days; is useful in some forms of spurious pleurisy; but is always hurtful in purely inflammatory, acute diseases characterized by external general heat, also in diarrhœa."

## DIFFERING OPINIONS ON THE POTENCY QUESTION.

*Zeitschrift des Berliner Vereins.* Translated by P. W. Shedd.

The potency question, I think, can only be considered from the standpoint of clinical experience. For, if most men will admit that the 3x may effect the diseased organism, all men will smile (and justly) at the idea of the 30 cent. possessing therapeutic value. I say, justly, for the previous experiences of daily life justify us in considering a substance so greatly diluted as mere vehicle. The so-called rationality of mankind therefore soon answers the question, and there were little to investigate or prove, if clinical experience were corroborative.

I will detail my knowledge of the subject. As isolated cases are of little value, it became necessary to observe numbers of patients treated with high potencies, and others to whom only the low were given. The opportunity was available in results obtained in the homœopathic polyclinic of Berlin. Here I could observe prescriptions by two eminent physicians, Drs. Fischer and Windelband, the first, high potentist; the second, low.

The differences were striking; the results of Dr. Fischer's treatment were practically nil, I recall only one case of *Drosera pertussis* improved; Dr. Windelband's cases, on the contrary, exhibited noteworthy improvement. After observing this crass difference no doubt was left in my mind as to the utility of the low potency, and I have used them since, and been content therewith. However, are the high potencies (in Germany the 30 is high. Trans.), though generally dispensible, altogether without effect? In reference to this I have had opportunity to make few observations, but these, though few, were decisive.

In an article by Dr. Heuser on *Gels.*, in nervous headache, the author remarks that *Gels.* 30 is an excellent R in nervous headache and migraine, but the R must be used in the 30 to obtain the desired effect. He challenges doubters thereof to experiment, and I, a doubter, experimented. Although the indication, "nervous headache," for *Gels.* is rather indefinite, I have had great success in hemicrania ophthalmica with scrotoma. Almost all of these cases were favorably influenced, cured, by *Gels.* 30 t.i.d. for some days, naturally with proper hygienic accompaniment. Two or three such observations convinced me, for it is

fitting to consider a high potency as a suspicious preparation, yet, as these results were yearly verified, I was forced by the facts to admit the validity of a high potency, and would swear that *Gels.* 30 in such a case will act curatively.

Naturally I have experimented further with high potencies, but remain dissatisfied. Only with *Merc. cy.* 30 in frequent doses in membranous throat affections and in diphtheria have I succeeded better than with the lower dilutions.

Let us consider the other side of the question. How low may we go without injury to the patient through derivative effects? Most homœopathic drugs (in Germany) are used in the 3x, and seldom is disturbing toxic action noted. Intrinsically toxic drugs, *Ars.*, *Merc. corr.*, must be used carefully; *e. g.*, *Canth.* 3x has produced a laryngeal catarrh with burning pains. I have further observed that hysterical patients do not bear *Asaf.* 3x in frequent dosage, although I cannot specify the aggravation. Possibly it was a too powerful primary drug action. I have seen a similar result with *Ipec.* 3x in children. *Rhus* 3x I have given hundreds of times, with bad effects in two cases only; one, a nervous woman who developed a gastric trouble; the other, myself, in whom it cured the muscular rheumatism but produced cardialgia. Hence, *Rhus*, *Ipec.*, and *Asaf.*, may perhaps be better given in the 4x.

As noted above, the 3x may be considered the normal potency. In tincture I use *Coccus*, *Apocynum*, *Carduus*; in 1x *Ferrum*, *Helonias*, *Natr.*, *Salicylic*, the latter in articular rheumatism where there is no indication for *Benz. ac.*, but prescribed carefully when given to children; in 2x *China*, *Calc. phos.*, *Benz. ac.*, *Dig.*, the latter, when indicated, in failing compensation; in the 12x *Lach.*, *Caust.*, *Petrol.* (in skin troubles), *Euphrasia* (catarrh of the lachrymal sac), *Kali carb.* (chest affections, in the well-known A. M. cough mostly with asthmatic troubles, in chest pains; not so frequently in œdema, where works better low).

Having thus touched upon the potency question I would mention another point, little considered as far as I know, but quite important, viz., How soon does drug action begin? necessary to know that the drug may be changed if desirable.

In practice I have noted that in subacute and chronic cases improvement begins the second week, about the twelfth day. Under chronic cases I do not place chronic glandular swellings which in my experience are little affected by drugs, or caries, or chronic

diseases where the tissues have undergone change; these require a longer period. But most diseases coming under treatment, gastric troubles, rheumatism, neuralgia, catarrh, etc., of weeks' or months' standing show improvement in the second week under dosage of low potency t.i.d. In one acute *Gels.* case of feverish stupor I have noted improvement in  $3\frac{1}{2}$  hours.

Finally, I will mention a point of great practical importance, namely, the alternation of remedies. In the beginning of my practice I alternated, on the theory that if the disease did not correspond to a remedy we must make the remedies (by alternation) correspond to the disease. The longer I practice, however, the more I see that alternation or mixture of drugs (with few exceptions) is harmful. For, apart from the fact that it is impossible to learn anything therapeutically from it, I have noted that drugs in alternation produce unfavorable effects not seen under the carefully chosen single remedy.

These remarks (containing nothing very original) are written to stimulate the profession to detail their experiences. The minutest fact, verified, is of value. DR. BOURZUTSCHKY.

(Dr. Bourzutschky should read (or re-read) the *Organon, Chronische Krankheiten, Bönninghausen, Hering, Dunham, et al.* A good deal of the above seems puerile,—one reason why it was translated. P. W. Shedd, translator.)

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ECHINACEA IN SEPSIS.—The other day a man came into the office and exhibited a hand greatly swollen and inflamed, pain severe, extending up the arm. Said he had been in the country buying hides; was using spring balance to weigh them, the hook of which (necessarily foul from use to which it was put) slipped as he attempted to stick it into the hides, and penetrated the palm of his left hand about an inch and a half. It looked bad for the hand. I probed the wound to see that it was open, and pressed out a quantity of pus. The accident had occurred almost twenty-four hours before. The farmer's wife had bathed the wound with turpentine and poulticed it. We washed it out with an antiseptic solution and injected some *Echinacea*. This was repeated twice daily at first, then but once a day. A flaxseed poultice was applied for a day. In five days the pain, swelling and pus were gone and the patient discharged. I believe the *Echinacea* played the principal part in relieving the septic infection.—*C. M. Chandler in Medical Gleaner, June, 1903.*

## BROMINE.

“The principal curative sphere of *Bromine* is not scrofula, but affections of the chest, heart and eyes. In the most violent inflammations as well as in chronic affections of these organs, for instance, consumption, *Brom.* will prove extremely useful, provided all the symptoms correspond. I have cured a number of cases of tuberculosis pulmonalis with *Spong.* 30, sometimes exhibiting it in alternation with *Hep. sulph.* 30; in some cases, however, *Iod.*, and in others *Brom.*, may be more advantageous. In croup, likewise, *Brom.* may sometimes be superior to *Spong.* Most kinds of croup, being originally a species of urticaria, *Ars.* will, in most cases, be found preferable to *Brom.* In the so-called complicated inflammation of the lungs, and in incipient hepatization, it is as important a remedy as *Phosph.* It is worthy of remark that *Phosph.* has a more specific action on the left lung; *Brom.*, on the contrary, on the right, to judge from the symptoms.”—*Hering.*

## BOOK NOTICES.

Hay Fever ; Its Prevention and Cure. By Perry Dickie, M. D.  
173 pages. Cloth, \$1.00. Postage, 6 cents. Philadelphia.  
1903.

The author of this fine little treatise is a specialist, member of the O. O. and L. Society, and herein has given his brethren and the general practitioner a work on hay fever that ought to be authoritative, for he has treated it in a very able and thorough manner. Starting with Definition of what the disease is, he follows with its history, reflex neuroses, etiology, predisposing causes, symptoms, pathology and treatment, the latter including hygiene, surgical, palliative, local, general, special and homœopathic treatments.

After one has read this book, one commands about all there is of value in the treatment of hay fever. A good book to have for reference at this season of the year.

**A Text-Book of Clinical Medicine.** Principles of Diagnosis.

By Clarence Bartlett, M. D., Professor of Clinical Medicine and Associate Professor of Medicine in the Hahnemann Medical College of Philadelphia; Senior Neurologist to Hahnemann Hospital, etc. With 245 illustrations, including six colored plates. Philadelphia: Boericke & Tafel, 1903. Price, cloth, \$7.00; half-morocco, \$8.00. Book expressage extra.

Dr. Bartlett opens this splendid volume with the quotation, "More mistakes are made by not looking than by not knowing," and the truth of this is brought home to the older physician about once or twice every day of his life. The work will please the most diligent searcher for the things which will lead him right in the decision as to what is the matter. He takes his patient, the only thing we really treat, and, step by step, goes over the ground thoroughly, giving every measure one needs to follow, the meaning of certain results found by chemical tests, the blood count, the reaction of the system against certain toxines, and by the only true process of arriving at a correct diagnosis, the process of exclusion, brings his student to the point of knowing what he has to handle.

Prof. Bartlett does not have the high opinion of the tongue as a means of diagnosis as did the old doctors, but his pages devoted to the tongue will prove of immense value to the practitioner. The tongue has been, with the old timer, a means of, at least, pretending he knew, and this rudely taking away from him his staff will come as a rude awaking. The "Please let me see your tongue" is about as old as the practice of medicine. But when you have read what Dr. Bartlett has to say of the tongue you will still realize that the tongue is a pretty good index of the systemic condition.

The flabby tongue, showing the imprint of the teeth, indicates a lowered vitality and there is much note in your examination. All through the splendid volume, splendid in every way, in press-work, typography, binding, and better than these, its contents, the thoroughness of a master in diagnosis is apparent, and it stands without a peer in the particular line, Clinical Diagnosis, of which it is a representative. Every physician of every school will find in it a teacher, a guide, a help in time of trouble. We are glad to learn that a companion volume on Clinical Therapeutics will soon appear. The two books will be just what we all need.—*Medical Visitor*.

Collectanea: Thomas Carlyle, 1821-1855. Edited by Samuel Arthur Jones.

The volume here announced presents Carlyle's hitherto *uncollected* writings. There are six of these; three of which have escaped the notice of all Carlyle's English bibliographers, and *two of the latter were discovered by the editor.*

The two earliest of these papers are noteworthy as being the very first *independent* critical writing done by Thomas Carlyle, antedating his first book two years.

A review of a German translation of "Selected Poems" by Robert Burns is a characteristic addendum to Carlyle's famous article on Burns in the *Edinburgh Review*.

A most curious contribution on "Indian Meal" reveals the "Sage of Chelsea" in the quasi-role of cook; while his letter to the editor of the *Times* [London] shows what manner of a hero-worshiper was Carlyle himself on occasion.

The editor contributes a Prefatory Note and also an Appendix: "Carlyle's Apprenticeship."

Dr. S. A. Jones, the editor of the volume, has enjoyed a wide reputation as an ardent Carlyle student and collector for nearly half a century, and of him the indefatigable editor of "Sartor Resartus" and "Heroes and Hero-Worship," Professor Alexander MacMechan, has written:

"It would be a boon to all Carlyleans if Dr. S. A. Jones, of Ann Arbor, could be induced to publish his bibliography. It contains at least a hundred more items than Mr. Anderson's. Even Mr. Anderson, with the resources of the British Museum to draw on, makes no mention of the second and third editions of the Heroes, etc. . . . in the most complete bibliography of Carlyle yet published."

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## EDITORIAL BREVITIES.

TETANUS AFTER INJECTIONS OF GELATINIZED SERUM.—Dieulafoy reports the case of a tuberculous patient who had received an injection of gelatinized serum to arrest hæmoptysis. The gelatinized preparation had been made with all the desirable aseptic precautions. Tetanus developed eleven days later; death occurred in twenty-two hours. At autopsy a very small sub-aponeurotic abscess was discovered, at the point of infection. The tetanus bacillus was cultivated and was found in the pus in pure culture. There have been twenty-three cases of tetanus recorded with details similar to the one just reported.—*Journal des Praticiens*, May 16, 1903.—*Medical Record*.

THE NATURE OF RHEUMATISM.—Dr. Vincente Roig é Ibáñez, of Valencia, read a paper (at the fourteenth International Medical Congress) on this subject, in which he rejected entirely the microbic or infectious theory of rheumatism, holding on the contrary that the disease was caused by certain chemical combinations of uric acid.—*Medical Record*.

THEY TEST COWS WITH IT.—“Tuffier had a patient who had, at the level of the great trochanter, two suppurating fistulas; the pus of which contained Koch's bacillus. The coxofemoral articulation, the ischium, and the femur were intact. The fistulas resulted from the opening of an abscess which was slowly formed after two injections of tuberculin, which had been given more than six years before. This abscess, incised for the first time four years before, reformed and opened spontaneously two years after. The general condition of the patient was otherwise good.”—*La Presse Médicale*, May 13, 1903.—*Medical Record*, June 6.

A HINT TO YOUNG PHYSICIANS.—We find the following, an abstract from an address by Professor Draper, in the *Illinois Medical Bulletin*: “The family physician in a large city is what miners would term a hard ‘proposition.’ While he is, and probably always will be, a necessity and the dominating medical factor in smaller communities and in the country, because the field for the activities of the specialist is too restricted to afford him support, the general practitioner of a metropolitan city is confronted with an ever-changing patronage. The deplorable yearly shifting of residences—we cannot call them homes—takes from the city doctor that stability of practice and reciprocal attachment between the physician and his families which the typical family doctor has enjoyed from time immemorial. We could cite numerous instances in which our acquaintances have bemoaned the fact that with the first of May their practice was scattered to the four winds. This is unfortunate for both physician and patient. The mutual interest is largely dissipated. New professional relations must necessarily follow, and time is lost in the re-adjustment of these. Bills for services are forgotten and must be followed up. Discouragement and despair resulting from these abnormal social conditions drive not a few from the profession.

“Not so in the small cities and the country. The delightful friendly and confidential relations existing between the typical family doctor and his families are ideal. The lives of his patients are to him an open book. He is a balm for every ill. No function is complete without his presence. He lives in their hearts and they rest on his knowledge and helpfulness from infant life to mature age.”

A DELUSION.—The *Homœopathic World*, for June, makes the following comment: “One of the prevailing delusions within the profession is that the status of a medical man in the eyes of the public is the same as it is in the medical societies; that if the societies refuse membership, for instance, to a heretic homœopath, and the societies’ journals boycott his works, therefore the public will have no confidence in him. This great delusion, which, curiously enough, even some homœopaths have been under the spell of, though very powerful within the profession, has no influence on the public outside.”

THE COUNTRY DOCTOR.—Dr. Ethan H. Smith, in “Some Random Comments on the American Medical Association”

(*Pacific Medical Journal*, June) makes the following one: "If the American Medical Association is to continue splitting itself up, then the necessity for an association of general practitioners is at hand. It cannot come too soon. Here the ablest practitioner of them all can come to learn and to teach; I mean the county doctor. The man who can, and who does practice both medicine and surgery. The man who has to be an all-around specialist. The broad man in medicine to-day. The man who deems treatment just as important as diagnosis. The man who tries to make as few mistakes as possible. The man who practices, not to learn to discover the mistakes of the other fellow and twit him about it at the coming annual meeting, but to do his best every time. The future is going to make it necessary for the general practitioner to save the specialist from himself,—to pull the specialist up out of his little narrow rut and show him a national exposition of medicine and surgery. The country doctor is to-day the big man in medicine. He runs the department business and runs it well."

SMALL-POX IN ENGLAND.—The *Medical Record* (June 20th), condensing *British Medical Journal*, says of small-pox in London: "It states that errors in diagnosis were remarkably frequent. These are due, it is said, to the fact that medical men now certify cases which are only suspected, such as contacts, who show some febrile disturbance, and who are notified before the eruption appears. Out of 1,845 cases certified by London medical men as small-pox, no fewer than 237, or 12.7 per cent., were found by the experts to have some other complaint. Chicken-pox is, of course, the affection most often mistaken for the graver disease. Of the 237 cases of mistaken diagnosis mentioned above, 77 were chicken-pox; acne numbered 25 cases; dermatitis, 18; syphilis, 17; urticaria, 14; eczema, 11; furunculus, 10; 9 each of vaccinia, and acute non-eruptive infectious diseases; 6 each of drug rashes and febricula; 5 each of impetigo and lichen; 4 each of scabies, scarlet fever, and measles; herpes, 3, and pemphigus, 2. The statistical tables show that of 1,282 vaccinated cases of all ages and degrees of vaccination, 127 died, or barely 10 per cent. Of 307 unvaccinated cases, 119 died, or over 38 per cent."

IT IS THE LAW.—Our esteemed contemporary, the *New York Medical Times*, for June, in an article on the "Methods of Reduc-

ing Temperature Other Than By the Use of Cold," among other things says:

"Paradoxical as it may seem, Winternitz and Baruch have both demonstrated that *short* applications of heat bring about the same results as to temperature reduction as the application of cold. Thus, one to two minute applications of heat (104° F. and upward) are followed by a fall of the temperature, the result of heat elimination through dilatation of the surface blood vessels, which are capable of accommodating from  $\frac{1}{2}$ - $\frac{1}{3}$  the blood of the body, and through a diminution of heat production by the reflex influence of the thermic nerves upon the thermogenic processes. This fall of temperature is accompanied—as is the case in the application of cold—by no depression of the vital centres, but rather by a toning up of all the nerves and nerve centers in the body to perform their normal functions, the rise of temperature in most cases being due to these centres running out. In a word, *short* applications of heat lessen heat production and oxidation and encourage heat elimination."

Could you have a better illustration of the LAW? The *minimum* dose of the *similimum*!

DETERMINING THE SEX.—Dr. J. S. Freeborn writes *Canadian Practitioner and Review* that it can be made a boy or girl at will. From notes on 500 cases his prediction as to sex was verified in 98 per cent. when correct date of the last change was noted. His patients desiring boys who limited sexual connection to a period of ten days before the next expected change have never been disappointed in results. As he has never had any appeal for girls he has not tried limitation of intercourse to the ten days following menstruation. Our exchange from which we get the foregoing rather naively remarks: "Such a trial would, however, be interesting to make."

A GOOD LAW.—The Michigan Legislature and Senate have passed the Nottingham bill without a dissenting vote. Here is the gist of it, and it would be well if every State in the Union enacted the same clause:

"The medical registration board may, at its discretion, revoke the certificate of registration after due notice and hearing of any registered practitioner who inserts any advertisement in any newspaper, pamphlet, circular or other written or printed paper relative to venereal diseases or other matter of any obscene or offensive nature derogatory to good morals."

## NEWS ITEMS.

Dr. Thomas M. Stewart, Eye, Ear, Throat and Nose Surgeon, has removed to suite 605-606 Traction Building, Cincinnati, O.

Dr. Arthur Fisher, of Montreal, paid us a visit, and while in town the reporters got after him, half-toned him and wrote him up generally. Here are a few clippings from the interview:

With his four-score and seven years resting lightly upon his snow-white head, Dr. Arthur Fisher, a disciple of the famous Hahnemann and one of the earliest pioneers of Homœopathy in the Western Hemisphere, is the guest of Dr. Walter M. James, of this city, at his home in Locust street, below Thirteenth.

"Dr. Fisher's home is in Montreal. He is one of the wealthiest men in the Dominion of Canada, and one of his two sons, Sydney Fisher, is Minister of Agriculture for the Dominion, an office similar to that of the Secretary of Agriculture in President Roosevelt's Cabinet."

Dr. Fisher is a graduate of the Edinburg University, and his preliminary education was received in the McGill University, in Montreal, of which he is the oldest living representative. At present he is not in active practice, but at the same time gives much of his attention to the poor for "humanity's sake only," as he himself expresses it.

"I first became impressed with the truth of Homœopathy in Vienna while I was still a young man. Dr. Hahnemann was in Paris. Drs. Drysdale and Russell, names familiar to all students of Homœopathy, were largely instrumental in having me form my decision. I remember very well my arrival in America as a homœopathist. I remember with a great deal of pleasure a visit I made to Philadelphia in the early forties. There were then, I think, only about three homœopathists, Drs. Hering, Jeans and Walter Williamson. Now, I understand, there are hundreds. Oh, yes, I've been in Philadelphia a number of times and I like it very well, but your politics here must be awful.

"Another thing. There is a great deal of talk here about vaccination. I am strongly opposed to vaccination. It is responsible for many of the diseases we hear of. As we all know, every disease is introduced into the system by means of the blood and I believe that cancer, consumption, lockjaw and numerous other diseases are due entirely to the practice of vaccination. You can say for me that I am an anti-vaccination advocate."

## PERSONAL.

If we can believe the tombstones there are few in hell.

Yes, Mary, there are two kinds of hot air, and we suspect you know the distinction.

"There is practically no vaccine on the market free from bacterial contamination."—*Medical Record*, June 6th.

The Board of Health of Boston has adjudicated that the citizens must not "deposit sputum" on the floors, etc.

Binz says sea-sickness is due to anæmia of the brain, which is tough on the afflicted, if true.

**FOR SALE.** "A rare opportunity." American Nauheim Chemical Bath Co.'s property at Milford, Pike Co., Penn. Covers half block with large building in first-class condition, with 10 cypress wood bath-tubs, capable of giving 200 baths daily, and all the necessary fittings for carrying on same. Property covered with beautiful trees, shrubbery and summer houses surrounded by substantial iron fence on stone wall. Popular summer resort, healthful location and make good sanitarium. Rare opportunity. Write to Dr. Geo. M. De Witt, Scranton, Pa.

Dr. John V. Allen, of Frankford, Philadelphia, says that *Cantharis* works wonders in retained placenta—small bits of it. Also he finds *Drosera* the whooping cough remedy this year.

"Another cure for cancer found," is a contemporary's headline. We thought there were no cures for cancer.

A "Funeral Director's" ad. in a medical journal has a queer look.

Governor Pennypacker, like his predecessor, has turned the homœopaths down in the matter of representation on the Pharmaceutical Examining Board.

*Lachesis* cured or prevented gangrene and blood poisoning in the past and will do it again if given the chance.

You can have a hot time on cold cash, they say.

The tailor asked the man from Maine what size of hip pockets he wanted and the reply was "Quarts."

Noble's *Minor Surgery* is a success.

A *Medical World* correspondent says that "A single man who smokes cigarettes cannot be trusted; charge cash."

"Gonorrhœa kills more, destroys and disables more, than all other diseases combined."—*Valentine*.

"How best can we care for the consumptive poor?" Examining Board question. Answer?

"How is animal heat maintained?" Another. Answer?

# THE HOMŒOPATHIC RECORDER.

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## VITALISM AND THERAPY.

A Mode of Healing Pulmonary Tuberculosis and Other  
Chronic Diseases.

By Dr. Bergmann, of Hanan, A. M.

Reprint from *Aerztliche Rundschau*, Nos. 23 and 24, Vol. XIII, June, 1903.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
July, 1903.

*Preface by the Editor of the Allgemeine Homœopathische Zeitung.*

We are glad to begin our new (the 147th) volume of this old journal, which always carefully notes the signs of the times with this article of Dr. Bergmann; since this author combines his Vitalism with the much ridiculed teachings of Hahnemann concerning the vital force, and also combines his Therapy with our Master's law of similars, though he endeavors to adapt these teachings to modern scientific views. The contrariety there exhibited is, as we shall show at some other time, not of so deep a nature that it may not be reconciled with the principles prevailing in the homœopathic school.

While our thanks are due to the author for his frank and open words, they are no less due to the Editor of the "*Aerztliche Rundschau*," who has given a place to this article, differing so widely from the prevailing views, and has thus shown his impartial catholicity and the unlimited broad views of his journal.

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MOTTO.—There is nothing more idiotic than to deny in advance everything unknown, and yet this is a characteristic of our present "Science;" on the whole, if you wish to find an example of dogmatism and of dogmatic narrowness you must not go to Theology, but to Medicine.—Arne Garborg (in "Muede Seelen").

Among the ideas which formerly played an important part in medicine, but which we have accustomed ourselves to consider as hardly worthy of being mentioned in serious discussion, is the so-called *vital force*.

The question here touched may be etched out in the most simple manner by inquiring: Is it possible to give an exhaustive explanation of the vital phenomena exhibited in organisms by the forces active in inorganic nature, or is it necessary to assume as the final ground of the explanation of life the supposition of a force peculiar to organic creatures?

We know at this day that every living being, even the wonderful edifice of the human body, is composed merely of constituent parts, each of which is also found in inorganic nature. We are even able to imitate by chemistry the formation of certain substances which are generated in the internal parts of the living body; a plain proof that the vital activities of the organism take place in accordance with universally prevalent, well-known laws. The transmutation of substances also, that process which to physicians of an earlier period seemed so mysterious and only explicable by a peculiar vital force, has now for some time been recognized as consisting of a chain of phenomena following strictly the laws of physics and of chemistry. If to these points are added the knowledge so lately acquired by means of bacteriology and the researches with respect to serums, which throw so bright a light on the questions of the causes of disease and of healing—questions hitherto enveloped in impenetrable darkness—it is easily understood why modern explorers of nature have more and more become inclined, as Professor Marchand says: "To reduce the vital processes in too simple a manner to merely mechanico-physical process, and that in their striving for exactness they have lost sight of the clear comprehension of the manifest *difference* between them.

A deeper and unprejudiced view cannot fail to see that those who deny the existence of the vital force are guilty of a gross paralogism. They show us, indeed, that all vital phenomena are natural, processes taking place within the limitation of well-known chemical or physical laws of nature. But they quite fail to observe that they thereby merely explain the manifestations of force, but by no means the force itself which produces these phenomena.

It is assuredly true that vital force is in all its phenomena tied

to bodily substances, but in dominating over these substances and, as we shall further see, in using them for its own purposes, vital force is by no means fused with them, still less does it become identical with them. This case becomes plainer by taking as an example the brain and its process of thinking. As *von Liebig* already stated, every thought is inseparably connected with the chemical changes in the ganglia of the brain. Nevertheless it would be absurd, yea, ridiculous to suppose that thought coincides with this its material concomitant, so that thought would be nothing but chemical transmutation.

The question here involved is by no means merely theoretical. It has, on the contrary, a *very practical significance*, for it shows to us the position we ought to occupy with respect to diseases and their therapy.

It is well known that the therapeutical ideal has been to obtain a cure by removing the morbid *cause*. But only in the most rare cases could this ideal be ultimated, even after the promoters of disease had become exactly known through bacteriology. Men are satisfied with combating the *symptoms* instead of the disease, that is the cause of the origin of those pernicious busybodies dominant even at this day, who view it as their mission not to treat the diseased organisms, but rather to suppress in routine fashion every symptom that appears.

The whole art of healing with a physician occupying this position consists at last merely in removing the various morbid phenomena, such as fever, inflammation, pains, cough, vomiting, diarrhœa, etc., through remedies provided for these various ailments.

Such a view of the case must inevitably develop a careless routine mode of treating diseases. In strict opposition to this method of healing is the view held up at this day by other prominent pathologists, according to which every disease is regarded, not as a collection of symptoms to be suppressed at every cost, but as a conflict undertaken by the organism itself to combat invading injuries.

This view is manifestly the origin of the most modern of our therapeutical methods, the much-lauded serum method. Professor Marchand in his treatise already quoted "Concerning the Natural Protective Means of the Organism" views disease "not as properly an injury done to the body, but rather as a summary of defensive and protective measures, or as we are wont to say, a *Re-*

action of the living Organism against pernicious Influences." This view secured a firm foundation through the discovery of Ehrlich and Berings rich in consequences, namely, that the organism itself secures its cure from infectious diseases through the formation of antidotes or antitoxines.

The observations made during the inflammatory process by which we are informed by our own eyes as to the curative activity of the diseased organism itself point in the same direction. We see there that as soon as an injurious irritation acts upon the tissues there ensues a series of processes which by a wonderfully judicious co-operation secures the removal of the injurious cause. I would here especially mention the activity of the so-called phagocytes, which like independent organism go from their vessels to the hearth of the inflammation and absorb the injurious substances into their cellular bodies. The mysteriousness of this phenomenon is, indeed, cleared up to a certain degree by the proof that these "devouring cells" are induced to their movements which seems so peculiarly designed through the influence of certain chemical substances of the blood called *chemotaxis*.

But what does such an explanation effect other than merely supplying the *immediate cause*? The *mechanism* of the operation has been uncovered, but this does not deny or disprove that there is a *force* aching through this mechanism, but it only shows more clearly to our reason the existence of this force.

In quite an analogous manner many other phenomena of morbid life, such as fever, exudates, perspirations, yea, even pains are to be regarded as *reactive phenomena*, by means of which the organism conducts its combat against the morbid virus that has invaded the system.

If we now ask what is this force or cause to which we owe all these movements and changes in the morbid organism designed for the one end of eliminating the morbid substances, we shall have to clearly distinguish between two things, namely, the immediately acting or proximate causes (*causæ efficientes*), and the final cause or end (*causa finalis*).

An example will more clearly show this: When I seize an object, the *immediate* cause of the grasping action is found in the coöperation of the muscles implicated; but, on the other hand, there is present, as a further and *final* cause, my will, or the motive *which first puts into action the groups of muscles*. It is quite similar with the reactionary phenomena evolved by the morbid

virus. Their *immediate* cause is found in such things as chemotaxis, increase of the pressure of the blood, hyperæmia, antitoxine and similar things. But the law of causality compels us to assume a particular cause *which produces the activity of these factors, i. e., a force, which, as a final cause, puts in motion these factors in harmonious coöperation.*

This force, the action of which is, of course, not a consciously voluntary action, but merely *automatic*, like the animal instinct, we rightly call *vital force* or the *vis medicatrix naturee*. It is this force which postulates and supports the normal process of life; this force it is also which, in the diseased organism, calls forth the reactions necessary for its cure, such as fever, etc.

Although the vital force appears bound to the substance of the organism, and can only manifest its action by means of it, it is, of course, unsubstantial in its nature. The reactive changes taking place in the diseased organism are, therefore, in their finality dependent on a *non-material* principle.

This thought will appear less strange if we leave out of sight the motions in the interior of the diseased organism which are beyond our consciousness and our will, and consider any one of our voluntary motions. In these we shall see that each one of these also arises only through the coöperation of a material and a spiritual factor. The material factor consists in the muscular group necessary to effect the motion, but the other is an idea in the brain; thus, a motive of the will, which is something immaterial, which first sets in motion the muscles, and without which a complicated motion cannot arise anymore than it can arise without muscles.

We believe that we have shown by our present arguments that both by observation and by reflection, by experience and by logic, we are compelled to assume the existence of a principle governing the whole organism as well in health as in disease. The doctrine of the vital force, in fact, touches not so much the origin of diseases as *the production of the healing process.*

Every disturbance in the functions of the organism—and among these an aboriginal poison of disease or one that has invaded the system from without must especially be numbered—places the vital force, which, like every other natural force, is susceptible of excitation into a *state of excitation* specifically correspondent with the influence of the morbidic substance. This excitation is transferred as it were by reflection on the tissues and organs affected by

the virus of the disease, and by the transfer of this excitation the well known reactionary symptoms appear, such as fever, inflammation, etc., which constitute the totality of the disease-image and are necessary for the elimination of the virus of the disease. This view of a medical thinker of the last century, who has been much maligned, is presented in the following words: "*Diseases are dynamic disharmonic irritations of the vital force.*" (Samuel Hahnemann.)

The deductions and postulates flowing from such a view almost deduce themselves. First of all there can be nothing more pernicious in the eyes of an adherent of the doctrine of the vital force, *i. e.*, for a vitalist, than to suppress the symptoms of a disease, or, as medical technical language with an unjustified euphemism expresses it, to treat a patient *symptomatically*. For when we see in the manifestations of disease wholesome reactions, and recognize in them an endeavor of the organism to combat and eliminate the poison of the disease, it is a matter, of course, that we regard all symptoms, whether they be fever, inflammations, cutaneous eruption, inflammation of the glands or the like, as a *noli me tangere*, and will cautiously avoid suppressing them.

But it would be quite a mistake to conclude from this that vitalists must, therapeutically, act in a merely expectative manner, *i. e.*, that they would fold their hands and expect healing merely from the self-help of the organism itself. We must not overlook the fact that *the vis medicatrix naturæ is a blind force of nature, working with a great end in view but unconsciously*. This merely automatic activity of healing endeavors of nature must sometimes be regulated by the conscious action of the physician and be directed by him into the proper course.

A very instructive example in such cases is adduced by Prof. Marchand (Leipzig) in his work concerning "*Die Schutzmittel Organismus*" (The Protective Agencies of the Organism) which is altogether based upon vitalistic grounds; he there says: "The inflammatory deposits on the surface of the mucous membrane injured by the virus causing diphtheria have the significance of a *reactionary* change, through the *coöperation* of which the injury is removed. There would be no sense in removing such a deposit by scraping it off, as has been done at times. It is loosened of itself when the injuring process has exhausted itself. But when the same deposit, which need have no particularly local ill effects in the buccal cavity, is formed in the larynx, owing to the un-

favorable anatomical relations there, it may, from merely mechanical causes, have the most dangerous effects—an imperfection for which the reactionary process as such is not to be blamed. Here then is a case *when the physician must assist nature*.

There may also be cases where the curative reactions called forth by the curative force of nature are too *weak* and therefore need to be supported by artificial means. This is hardly ever the case in acute diseases. In these the reactionary causes, such as fever and inflammation, are so strong that they are usually sufficient to make the morbidic poison innocuous. It is otherwise in *chronic diseases*. In these the organism is usually too much relaxed to answer with a sufficiently strong reaction to the irritation issuing from the morbidic poison which is transferred by the vital force. In such cases the physician is graciously invited to assist. But how should this be done?

From what we have said it must be manifest that vitalism can only lead to a therapy which, whatever it may be, must be diametrically opposed to the current *symptomatic* treatment. For from combating the symptoms, the vitalist must regard them as *unfailing indications showing him where to apply the therapeutic lever*.

This, however, by no means signifies that we should, *e. g.*, compel a patient who is already tormented by a cough to cough still more by giving him remedies to effect this, or that we should increase to excess tormenting curative reactions, such as cutaneous eruptions, swellings, pains, etc. Far from this! The task imposed by vitalism consists on the contrary *in using such remedies as influence the organism in the same direction or, expressing it otherwise, are able to call forth symptoms quite similar to those caused by the vital force, the vis medicatrix naturæ* itself.

I am quite conscious that I am hereby proclaiming the homœopathic principle, *similia similibus curantur*. But the time when we were accustomed to indiscriminately condemn Homœopathy is past, and at this day surely no unprejudiced colleague would desire to reject a therapy merely because it leans upon that curative method. In this connection I would recall the words of Professor H. Schulz, who does not hesitate to acknowledge in his "Pharmakotherapie:" "It is only an act of historical justice if we here acknowledge *that the right use of Cyanite of Mercury, Arsenic and Veratrum was long known to the representatives of the homœopathic school, before it was proved at the sick-bed by other*

physicians, as also the use of *Phosphorus* in diseases of the bones, etc."

The vitalistic views of pathology represented by eminent investigators like Marchand cannot surely be regarded as irrational, and starting from this point of view every logical thinker must of necessity be led to recognize as the proper remedies only such remedies as *produce the same effects (symptoms) as produced by the force of nature herself*. Such remedies, however, do not produce an increase or aggravation of these symptoms, but they operate so as to make the tissues or the organ affected *more vigorous (more vital)*, so that they are enabled to react more strongly and thereby to overcome the morbidic poison.

This reasoning in favor of similar remedies is essentially different from the assertion continually met with in homœopathic literature, that these remedies, acting like immediate antidotes as it were, extinguish and destroy the morbidic substances. Such a direct antitoxic action appears to be quite excluded from the very fact that homœopathic remedies are so immensely diluted.

A further *contrariety* between my therapy and the teachings of Hahnemann consist in the following: I must admit that from the vitalistic point of view only such remedies can be used which are founded on the law of similars. But while homœopaths regard that remedy the most suitable (the *simillimum*) which produces the most similar *subjective* symptoms to those of the image of the disease, in the course of my investigations I have more and more come to see that these subjective symptoms in most cases do not supply a sufficient criterion for the determination of the suitable remedy. I, therefore, searched for an objective criterion suitable as a complement, and this I succeeded in finding in the *characteristic relation of the urine* of the patient.

In this I was guided by the consideration that the urine contains all the final products of the changes of the substances passing through the circulation of the blood, and that it must, therefore, present the most exact image of the quantitative and qualitative changes in the transmutation of substances. The older physicians used the urine for determining the diagnosis of diseases in a far greater measure than is done at present, when the highly developed art of diagnostics furnishes us with much more reliable means for the cognition of diseases. I am far from drawing from the urine alone definite conclusions as to the location and kind of diseases; I use it in quite a different manner.

Extended experience has taught me that urine furnishes the most infallible indicator *for furnishing the proper medicine*. In the course of five years I have made more than five thousand exact examinations of urine, examining it in the treatment of almost all chronic diseases, in which work I was supported most effectively by Mr. Herzogenrath, chemist in Frankfurt a. M., and I have succeeded in this way in determining quite a number of characteristics in urine, appearing with great regularity, and which must on that account be regarded as characteristic of the particular disease under examination.

Many of these pathognomic signs in the urine, though by no means all, were, as I discovered afterward, known to the early physicians and have frequently been described in the older medical literature. These changes of the urine show by the regularity of their occurrence that they cannot be viewed as accidental even when we ignore the fact that in urine as in a product and an image of the whole transmutation of substances every morbid process of the organism must in some way be delineated.

After determining the pathological changes of the urine corresponding to the various states of disease came the question of *finding out the remedies which in strong doses are able to produce the typical urinal characteristics in the greatest possible completeness of one and another of these diseases*. For only of such medicines can it be supposed that they will influence the transmutation of substances and the diseased organs in the same direction as the vital force itself. Finally also this part of the work was completed with the aid of pharmacological literature and by means of my own observations, but, nevertheless, I was destined to suffer first of all a severe disappointment.

For I first prescribed the medicaments found out by the law of similars in the same large doses as are customary in the usual symptomatic treatment, but the results thus obtained were of so negative a nature that I was at a loss as to the whole of my therapy. It was only when I began to give these medicaments in infinitesimal doses that the curative results strikingly improved and I gradually came to see that the vitalistic views led me not only to the law of similars, but that it was also necessary to potentize the medicines thus found out according to the principles of *Hahnemann* and to use them only in an *immensely diluted* state.

The homœopathic "nothings" have frequently been ridiculed, but numerous facts from chemistry and physiology prove to us

that chemical substances can produce quite definite reactions, whether it be in the retort or in the living body. I will only mention that the .0000001 gramme of lead still reacts on sulphuretted hydrogen, and that Preyer was enabled to paralyze frogs even with the .000001 gr. of *Curare*.

The therapeutic efficacy of the similia cannot with me be subject to any doubt after my observations and experiences at the sick-bed. We must bow to facts even when we cannot explain them. Still an explanation of these curative effects is pretty plain. Through their characteristic effects on the urine the similia demonstrate that *they must have specific relations to the morbid tissues*, and we can then easily understand that they exercise a *fermentative* excitation on the cells of the tissues. But of ferments we know that their efficacy is hardly at all subject to quantity.

It now only remains to name the specific remedies found out by the law of similars and to give their *circle of symptoms* with healthy persons, as well as their *curative effects* in the corresponding cases of disease. But this is a task which would far exceed the space determined on for these labors and which I must, therefore, reserve for a particular and detailed publication. I here limit myself to the mention of the remedies which I have found most important in that most serious of all chronic diseases, *tuberculosis*, and which have proved themselves as *remedies of specific efficacy*. These are *Arsenicum jodatum* and *Kreosotum*.

The leading changes that I found in the urine of tuberculous patients of whatever kind were the following: The urine is of pale color and of slightly turbid appearance; its odor is of a penetratingly aromatic nature; when the light strikes it in the proving-tube there is a marginal bluish iridescence. On the bottom of the tube there is deposited, after the urine stands about six to ten hours, a gray, dust-like mass, which the ancient physicians called *nubecula* and which a closer examination proves to consist of minute lumps of pus and of epithelia. Quite a similar image is presented in the urine (though occasionally one or the other feature may be lacking) after a *lengthy use of larger doses of Arsenicum jodatum* or of *Kreosotum*.

With these two remedies I have treated considerably more than three hundred cases of tuberculosis within the space of five years; I have detailed accounts of only one hundred and eighty-four of these. In my work which is about to be published I shall sum-

marize these in groups and describe them. At present I will only say that half of these cases were of medium severity, one-quarter of light cases and the other quarter of severe cases. A considerable number showed a complication of laryngeal phthisis.

Among the forty-five severe cases, among which I only reckon those that presented clear symptoms of cavernous and progressive prostration, there were, nevertheless, thirteen with whom for now eighteen to thirty months a visible pause in their ailment may be predicated. The most encouraging results were always reached where the disease was still in its first stage and had only seized upon the tip of one of the lungs. Here *without exception a perfect cure* was effected within six to twelve months. In the cases of medium severity it manifestly appeared that external surroundings had a decided influence. Wherever these were favorable and where the patient could be supplied with sufficient nutrition, the requisite recreation and rest from work, as well as good fresh air, these cases as well as the light cases, where only the tip of the lung was affected, proceeded to a full cure. But even with those patients who are suffering from unfavorable domestic surroundings or who cannot free themselves from their labors, the salutary effects of the treatment are, nevertheless, unmistakable.

For the correct use of *Arsenicum iodatum* and of *Kreosote* I would give the following hints from my experience:

1. The complex of the symptoms of *Kreosote* (proved on healthy persons) consists of turpidity of the urine, the sharply aromatic odor of the same and the nubecula. The urinary symptoms of *Arsenicum iodatum* are chiefly increase in the indican, the bluish iridescence and the pale color of the urine. In commencing the cure the urine of the patient must first of all be tested as to the typical marks of tuberculosis, and, according to the predominance, one or the other specific should be selected.

2. Both these remedies are only effective in very great attenuations. The average concentration is 1:1000. In erethic constitutions with strongly prominent phthisic habit it is well to take weaker solutions (1 to 10 or 100 millions). In asthenic natures, however, frequently stronger solutions are useful; but these must never be stronger than 1:1000.

3. The urine should be examined once a week, and, according to its changes, the remedies should be alternated.

4. Patients who have fever when entering the treatment should first receive *Kreosotum* and only later, when the fever has disappeared, should *Arsenicum iod.* be given.

5. After using these specifics for two or three months there should be a pause of about four weeks, and during this time it is very useful to give the patient, twice a day, tea composed of the following constituents: *Folia marubii*, *Tussilago*, *Herba galeopsis*, aa half a teaspoonful to the cup.

I do not doubt that if the patients conscientiously follow these directions, any one of my colleagues will succeed in gaining as satisfactory results, or even more brilliant ones, than I have obtained. I would also state that the objective state of the lungs changes only very gradually, and often remains with only slight variations, even when the most gratifying progress in the general condition has manifested itself. After the first two weeks of the treatment we may confidently expect a cessation of the fever, an improvement in the appetite, a brighter appearance and an increase in the bodily weight, and these changes in the image of the disease are so manifest that no one will be induced to give up the cure once begun, even if the physical symptoms, such as rattling sounds and dulness, give way only slowly.

In submitting my therapy to the judgment of my colleagues, I am well aware—as the motto at the head of my article will show—that the vitalistic basis on which my curative treatment is based will meet with much opposition. For vitalism, however well it may seem to be confirmed by the results of the latest researches, is too much opposed to the merely mechanical views as to the essence of the organism, which is still held by many with so much dogmatic stubbornness. Still I hope that my curative treatment will be impartially examined and tried by some of my colleagues, and that it will make friends for itself through its successes.

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## CASES OF BUBONIC PLAGUE.

By D. N. Ray, M. D.

A Brahmin, aged some thirty years, from Madras, residing at 79 Coolootolla street, took ill with high fever on the afternoon of the 21st of February, 1903. The evening temperature rose to 104.5 F., but the report was that there had been a great fluctuation in the temperature record; sometimes it was a degree higher and at other times it was a degree or so less. On the morning of the 22d a big swelling was noticed on the femoral region of the

left side with acute pain in it. This roused the suspicion of the inmates of the house, especially at a time when plague was raging in the city, and necessitated seeking medical advice. Early on the same morning I was sent for, but owing to my numerous previous engagements I could not reach the patient's place before 1 P. M. The very anxious look of the patient made me make a careful examination of the case. The pulse was *full and soft*, though the temperature of the patient was high, something like 104° F. I can say, almost with certainty, *a soft pulse with a high temperature in the early stage of an acute febrile disease* is a great characteristic of a case of bubonic plague; in fact, you will not find such a condition of pulse in the early stage of any other acute febrile disease.

The more I see of plague cases the more I am convinced of this particular symptom as a characteristic of plague cases. Here I shall mention a case which I saw on the 20th of February, 1903, that is only a couple of days before this case. Early on the morning of that day I was summoned to attend a case in hot haste at 2313 Raja Rajendra Mullick's street; on inquiry I was told that a boy, aged about 3 or 4 years, had suddenly got high fever last night and had been very restless all night. When I arrived there, at 7 A. M., the temperature noted was 105° F., though the skin was not so hot to the touch; apparently he was not looking very ill; he was not restless at the time; there was no symptom of delirium; the boy answered to all my questions intelligently; his tongue was dry, wanted to drink water and did not complain of pain anywhere except very slight pain on pressure on the left shoulder. One may very well overlook it; besides his people said he had been subject to a pain of similar character of flying nature; but he had *a full, soft and compressible pulse* with very high temperature. This alone made me suspect that it was a case of plague and I told the patient's people so. The father and other relations of the patient questioned me why I had taken such an extreme view of the case; of course, I told them that I could not swear that it was a case of plague, but that the progress of the disease should be watched and the other children should be removed from the same room and if possible from the same house. This was not agreeable to them and they were not quite convinced that it was a case of plague in absence of any glandular enlargement. However, they wanted me to prescribe for the child, so I did; I gave him *Rhus tox.* 1x, one drop for a dose,

every 3 or 4 hours. The high temperature continued the whole day and the patient became somewhat restless. In the evening, though there was no further rise in the temperature, the patient began to scream. This screaming made his people call me at night. I did not go to see the patient at that hour of the night, but I prescribed *Stramonium* 30th on the report of the case. He took only two doses of the medicine, which made him quiet and put him to sleep.

On the morning of the 21st I saw the boy; he was much quieter and answered to my questions without much irritability. I looked for swelling on different parts of the body; nowhere I could detect any swelling. The character of the pulse remained unchanged, *soft and compressible*. When I was again asked whether I still held the same opinion regarding the case I told them as long as the *pulse* did not improve and the temperature continued high I could not change my opinion and could not give any favorable prognosis of the case. The morning temperature was 103.5° F. He was very thirsty; I prescribed for him *Rhus tox.* 6x, one drop, every fourth hour. From the afternoon temperature began to fall and by 4 P. M. it came down to normal point with slight perspiration. When this was reported to me I suggested *Arsenicum alb.* 30, in case there was a further fall of temperature. To our utter surprise the boy did not survive the night, although apparently he was progressing well.

I have had many such sad experiences in treating cases of plague where persistent high temperature for some time showed sudden tendency to fall, giving wrong impression in the mind of the physician that such and such medicines acted and also giving false hopes to the relations of the favorable termination of the case, while, on the other hand, the majority of such cases terminate fatally, in spite of the administration of the indicated remedies, such as *Camphor*, *Cobra*, *Lachesis*, *Arsenicum* and the like. Let others be careful and wise at our bitter experience.

My object of putting this case in here, and giving a bit of my experience with other cases, is simply to show that *soft and compressible pulse or thin and small pulse*, with a high temperature, in a case of acute febrile disease at a time when plague breaks out in a city or any other place, is one of the great characteristic symptoms of the disease when other symptoms have not yet developed. We should always bear in mind this fact that in all cases of plague it is the heart that pre-eminently shows tendency to failure.

Now, to come back to our first named patient again, who had full and soft pulse and whose temperature was high; he was very restless and thirsty, with dryness of the tongue; his look was anxious, probably he was aware of the gravity of his illness. There was no delirium. A painful big lump was noticed on the left femoral region. This alone aroused the suspicion of the inmates and before my arrival the patient had been put in a room, isolated from the rest. I at once pronounced this a case of plague; and the inmates of the house should, if possible, leave this house at once for some weeks, otherwise they would run the great risk of having been attacked with the disease. They had implicit confidence in me and without any further discussion or hesitation made up their mind to leave the place almost then and there, having left the patient in charge of a few servants who were willing to attend him. I was requested to attend the patient as long as it was necessary. I prescribed for him *Rhus tox.* 3x, 1 drop every 3 hours, and asked the attendants to inform me of his condition to-morrow in the morning. The report on the next morning was not satisfactory, however, as I was requested to see the patient. I did so at 10 A. M. on my morning round. I was told that the patient had not had a wink of sleep all night. He was very violent and boisterous at night, attempts were frequently made to run away; with great struggle the attendants were able to keep him down. This way he passed the whole night. At daybreak he became somewhat quiet. Medicine was continued during the night. At the time of my visit to him I noticed he was quiet; his temperature was over 103° F. The swelling on the femoral region increased in size and it became very painful. This he complained of bitterly. I did not notice any symptoms of delirium, his pulse was fairly good, he did not express any desire to take any food when asked, but he was ordered to be given only milk. Though there were some indications and the remedy, the same medicine, was continued without any change except *Phytolacca dec θ* was added as an external application over the painful swelling. The next day the report was brought to me that the patient had passed comparatively a much better night than the previous one. He would be quiet for half an hour, and then he would sit up in bed for awhile and lie down again and so on, but he was not violent. When I visited him at 11 A. M. or so (on the fourth day of his illness), he was sleeping at the time. The thermometer was put under the axilla; it

recorded 102.5 F. His bowels were moved twice during the night. There was no sign of the diminution in the size of the swelling; it was rather on the increase and very painful. He took only one-half pound of milk in last twenty-four hours. He was very thirsty and would indulge freely in *Soda water*, but obstinately would refuse to take any nourishment. Here I was told that an officer in charge of plague duty paid a visit to the patient yesterday, who said it was a typical case of plague. This corroborated my statement as to the diagnosis of the case. I must say I had not the slightest doubt that it was a case of plague. It seemed to me the patient was better on the whole. When he was asked about his sufferings, he badly complained of the severe acute pain in the swelling; the pain was so acute, he said, that he was afraid to attempt to move his left leg. The pain disturbed his sleep at night and he was afraid, unless something was done to lessen the pain, it would disturb him again in the night. He said he was restless, due to the severity of pain, and on no other account. However, I believed his statement and changed the medicine. *Buboninum* 12x, one drop for a dose, every three or four hours, with instruction not to be repeated more than two or three times if the patient was feeling better. On the morning of the fifth day of the disease the report was that after the two doses of the medicine at an interval of four hours the patient began to perspire and that he was free from fever in the evening. As the attendants at the time were of the servant class, they did not know how to use and read the thermometer. They told me that the patient got fever again at night when the third dose of the medicine was administered. He was quiet at night, slept off and on, did not complain of much pain.

This morning he was looking much better; his pulse was better; his temperature was 100.6° F.; the swelling was slightly diminished; the pain was slightly felt on pressure only. He complained he was very hungry and wanted to eat bread or something solid; of course, he was refused any such diet. He was put on milk diet. This was a great encouragement to me to continue the same medicine for another day. This day he took only three doses of the medicine in twenty-four hours. The next morning I called at his place; he was looking very much better; his temperature had come down to normal; the attendants could not tell me what was the temperature last evening; they said simply that he had not had much fever and that he perspired most

of the time during the day; at night he slept quietly. He took large quantities of milk and became rather quarrelsome for solid food. He did not complain of any pain in the swelling. I noticed the big lump was considerably diminished in size. His pulse was good. He was very hungry and anxious to have some solid food. This he was allowed to have. I pronounced the case almost out of danger, although I know it is very difficult to give such a verdict in cases of plague, which is the most treacherous disease the medical men have to deal with, and it is not always safe to give such a prognosis. I must say they have to be very cautious in their prognosis, for apparently well cases suddenly would complain of a little uneasiness and die of syncope within no time. However, I took the risk and said what I thought at the time. The same medicine was continued for three or four days, two doses a day, until the swelling disappeared and the patient made a splendid recovery.

“Ray Lodge,” *Beadon Square, Calcutta, India.*

*June 10, 1903.*

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## REMARKABLE SURGERY.

By W. L. Morgan, M. D.

At a recent meeting I heard it said: “That only a few years ago we were all only physicians, but now we are surgeons.” (Gotten to a higher sphere.) Well, I reflected that in days of years long passed, when on my father’s farm I was operating in the swineological department, I often performed operations of ovariectomy every summer on the feminines of the department, and similar operations on the masculines, but called the operation by another name. So I came home full of desire to raise myself to the full measure of an operator and anxious for a chance to demonstrate my skill. To my agreeable surprise it soon came.

### CASE FIRST—RETENTION OF URINE.

June 29th was called early, by telephone, to see Mr. H., and to bring instruments to draw water. I went prepared. Found Mr. H., age about fifty, strong, healthy build, dark complexion. Suffered greatly from stoppage of the urine for sixteen hours. Stricture in region of prostate entirely prevented the use of catheter.

He told me he had the same five years ago, and that Dr. N. had to force the catheter, and continued to draw water twice a day for five days, causing the most excruciating pain every time.

I told him I would operate differently and with less pain. I gave *Canth. m.*, B. & T., at 9 A. M., and told him to look for relief in from one to three hours and went home, as I had done in three other cases, with directions to call me at 12 M. if not better. At 4 P. M. saw him walking around happy. Water had flowed freely at 12 M. and since; had no more trouble. This, my first operation.

#### CASE SECOND—APPENDICITIS.

The morning of the 4th of July, when all the people were rejoicing with flags and the booming of guns, the proprietor of a mineral water firm came in with his best delivery clerk, a stout, healthy looking man, with a case which had been diagnosed as appendicitis by a homœopath and two "regulars." All said an operation at once, which meant three weeks in a hospital. With all this I considered it best to make a physical examination. I had him stand close before me, right side nearest; my left hand against his back. The instrument used was the sharp end of my right hand index finger, which I pressed straight into the abdomen in various places till I reached a point close below the end of the sternum, when it was answered by a grunt; then moved a little lower down and the grunt came at less pressure till at about two and a half inches below and a little to the right side the grunt came at the least pressure; then continued down and to the right, requiring deeper pressure, till a line level with the umbilicus and two inches to the right was reached, and from that lower down no grunt could be produced by heavy pressure.

So, I must be fashionable and make a diagnosis, and would have called it gastritis of the short curve and duodenum; but to be up-to-date I called it appendicitis of the stomach and duodenum; that answered the purpose. But how the appendix could get to the epigastrium was no concern of mine.

After the diagnosis, the question came, what shall I do with the case, and how shall I operate? He said it hurt him to draw a full breath. I told him to let me see him straighten back and take a full breath. He said, "It hurts too much; I have to lean forward. I often bend double when it hurts." With some other symptoms not required for diagnosis, I then called in consulta-

tion Dr. Boenninghausen and Hering's *Guiding Symptoms* and was advised to use *Colocynth*, which he got in the 45 m. B. & T., and directions to go home and keep quiet for three days and then resume his business.

On the 6th he called in fine spirits to tell me he felt perfectly well and would like to go to work, but I advised another day's rest.

Thus I lost another opportunity to become famous and up-to-date; but the next day another chronic invalid, seeing the result of this case, came for treatment.

#### CASE THIRD—A CASE OF CANCER.

July 8th Mr. D. called to consult me with regard to his father, a clerk in a commission house, who was failing in health. His case had been diagnosed by three "regular" physicians as cancer in the abdomen. I advised him to bring his father to the office for examination, which he did at 7 P. M. He appeared to be a gentleman about 45 years of age, of good physique, of otherwise good health save for the following symptoms: After careful questioning and a liberal use of the sharp point of my index finger, found much pain and soreness in the epigastric region, slightly in the right hypochondriac region with evidences of catarrhal soreness of the stomach, otherwise dyspepsia; great pain and distress commencing an hour after eating and lasting from two to four hours. Seeing no evidence of morbid growth, he got *Nux v. m.* July 12th. Pain and soreness all gone; appeared well, no disturbance after eating; but careful examination with heavy pressure in the epigastric region found the stomach empty, flat, smooth, with the walls a little thickened, giving no signs of lumps or any morbid growth, the man in fine spirits, gaining strength and looking better; continued *Nux v.* Another bungle in my new enterprise and spoiling a fine case for a beautiful operation.

*Baltimore, Md., July 9, 1903.*

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## BIOCHEMICAL CLINIC WITH NOTES.

By Eric Vondergoltz, M. D.

*Special differentiation in secretions, ulcerations, etc.*

*Natr. mur.*—Secretions are thin, watery, burning, transparent and corroding.

*Kal. muriat.*—(Gray) white, slimy, opaque, somewhat bloody, corroding.

*Calc. fluoric.*—Thick, pungent, yellowish, deeply ulcerating, glassy; also, bloody, watery.

*Calc. phosphor.* will be discriminated from *Kal. mur.* only by its absolutely bland character.

*Kal. phosph.*—Cadaverous, ichorous, quickly progressing, with livid surroundings.

*Silicea.*—Putrid smelling, ulcerations with careous ground.

*Calc. sulphuric.*—Same appearance as *Silicea*, but without any smell.

If the secretions are corroding the remedies= *Nat. mur.*, *Kal. mur.*, *Calc. fluor.*; putrid smelling= *Calc. fluor.*, *Kal. phos.*, *Sil.*, must be considered; *Calc. phos.* as also *Calc. sulph.* will be judged by themselves.

These rules often will prove sufficient even for chronic and very old ulcerations.

But if the treatment in old cases is not successful the following prescriptions must be consulted:

*Coating of the tongue:*

white—sometimes with bilious taste	<i>Kal. mur.</i>
white, mucous, but with frothy bubbles	<i>Nat. mur.</i>
white, thick, like egg—albumen	<i>Calc. phos.</i>
white, clear and moist	<i>Nat. mur.</i>
dirty, brownish-green	<i>Nat. sul.</i>
liquid mustard; dirty white with red borders	
and offensive (nearly cadaverous, putrid smell)	<i>Kal. phos.</i>
golden yellow, or whitish yellow but creamy	<i>Nat. phos.</i>
yellow, thin and watery (sometimes bilious taste)	<i>Nat. sul.</i>
yellow, thick and sticky—glue-like	<i>Kal. sul.</i>
bright red, dark red, furred	<i>Ferr. phos.</i>
clay-colored, cracked	<i>Calc. fluor.</i>

N. B. White coating in all grades = acidity of the blood.

Brown, and all dark colors = alkaline state of the blood.

In the most cases the original remedies will be sufficient; the additional remedies easily will find their places if the reader will remember my former statements in the HOM. RECORDER.

Here especially I must warn not to go too soon over to the additional remedies:

gangrenous, then foul smelling	Ars., Cupr. ars.
unhealthy appearance, dark	Cupr. ars.

prominent parts of bones	Calc. hypophos.
foul (undefined)	Brom.
bleeding (prominently)	Kal. iod., Manganese.
scrofulous — The new remedies	} Silico-fluoride of Calcium, Ars. bromat., Ars. iod., Phosphor. iodat.
will here play the nutritive	
role after having cleared the	
path with the 12 beforehand.	

Every unbiassed reader will see that the necessary remedies are few, and, therefore, must be handled rarely against the homœopathic armamentarium of fifty-two remedies.

The positive trial and the following result will soon convince the theoretical opponent to biochemistry that there must be something in it.

This little chapter of clinical biochemistry is published on the direct demand received by letters.

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## DR. SIMSON FIRES A BROADSIDE AT "COUNTRY DOCTOR."

Editor of the HOMŒOPATHIC RECORDER.

I have read with great pleasure and satisfaction "Country Doctor's" article in the June issue of the RECORDER in answer to my rejected letter. Now here is a pro-vaccinator with whom one can argue and be on good terms. He can write an article and not have the bulk of it composed of vituperations and calling his opponent fool, liar, unmitigated nuisance and similar names for argument.

Besides he uses a big gun. To be sure it is one of that old, antiquated blunderbuss variety that makes a great racket, but no one is in any particular danger excepting those behind it.

One could very readily see what kind of a gun was used after reading the article. I have read it several times to find where some of the shot struck in favor of vaccination, but upon my soul I have failed to find a single shot. But he has made some statements which have presented the whole side of his craft, so I will give him a broadside from my modern anti-vaccination artillery and see if I cannot shatter some of the timbers of his old superstition vaccination craft.

Now I wish to state right here that I hope "Country Doctor" (I wish he had given his true name) will not take offence at anything I may say, for nothing personal will be intended and I think by agitating this question that one side or the other will be benefited.

This is a question which has not been sufficiently agitated and analyzed in the past, and the public has been kept in ignorance and fear, until a few have succeeded in having obnoxious compulsory laws, as "Country Doctor" says, rammed up their flues, and keep on ramming until it has become a case of fight back or die. It has got to such a state that eternal vigilance is the price of liberty.

No one would object to allowing those who wish to do so to vaccinate themselves every fifteen minutes until it killed them all off so long as they could bear the funeral expenses, but when they wish to compel those who do not believe in it to have the vile matter inserted into their system with fine and imprisonment for refusing to have it done I say we cannot begin to fight too soon or too hard. If we do not we may soon expect that the various vaccine farms will be massed into one gigantic trust, with a lobby at Washington, and money to secure federal enforcement of a more stringent compulsory vaccination act for the entire country.

In one place "Country Doctor" estimates that the pro-vacs constitute ninety odd per cent. of the profession and in another is willing to bet a cooky to a red apple that it is a thousand to one. Here is a great difference and either one is much too high, but if we will pick out his number from those who are not financially interested I will go him four better and bet five red apples to his one cooky that the one will be the only one in the bunch that has ever investigated the subject, the rest of them being like a drove of sheep that will follow the leader, even if it should be over a precipice.

"Country Doctor" cannot see any similarity between anti-toxine and vaccine. From my way of looking at it they are very much alike, and I cannot understand how one who is opposed to one can possibly indorse the other; both of them are the product of disease, and are expected to destroy the pabulum upon which the disease which it is given to prevent thrives; the only difference, one is diluted with horse serum and *Carbolic acid* to such an extent that two or three thousand units can be injected into the circulation, while the other is so crude that only the minutest

particle dare be laid upon the surface of the scarified skin; I venture to predict that if the same quantity of vaccine be used as of anti-toxine and in the same way that the patient would not live long enough to tell it.

Yes, the doctor has plenty of company in his opposition to anti-toxine, and if he would climb over the fence into the anti-vaccine pasture he would not be able to get lonesome and would be amongst a finer variety of stock.

There are twenty odd doctors in this city, and only one of them believes that vaccination is a sure preventive of small-pox, and he is a man that when I gave him literature upon vaccination he would not read it; his object lessons are Jenner, Koch and Pasteur, that is all he reads, therefore he is a firm believer in vaccination, anti-toxine and the Pasteur Institute. If he had lived a century ago he would have lived and died believing in inoculation and witchcraft if he had lived to be a thousand years old. The only way to dispose of such one sided superstitious minds is to let them die off and let newer and advanced generations take their places; some of the doctors believe that it might mitigate an attack of small-pox, but think we could get along just as well without vaccination; the majority believe that vaccination does more harm than good. None of them have given the subject the investigation that it deserves.

Inoculation and vaccination originated at the time that the people's minds were filled with superstition and the medical profession was in a state bordering on insanity; think of attempting to cure disease at the present time by incantations, old man's urine, wolf guts dried and powdered, sheep's dung, fresh umbilical cord, pulverized snake skin, and inserting the matter from the sores of animals into the circulation of healthy individuals and especially innocent little babies to prevent them from taking a disease that the chances are thousands to one they would never get, and if they did, they would not be half so sick as they often are from the effect of the injected matter. In fact, Reverend Cotton Mather, the most cruel and fiendish agitator in the suppression of supposed witches, who went about burning and torturing poor helpless women at the stake, introduced inoculation into this country.

"Country Doctor" objects to my reference to the report of the Royal Commission. I am surprised that he will advocate vaccination, as the practice originated in this same royal country, and

this same royal country granted the one who brought it to public notice thirty thousand pounds of this royal country's money. All other nations, including the United States, are following in the wake of this royal country, only we are about fifty years behind. They have had their compulsory vaccination laws, in fact, very stringent ones, and have seen their pernicious effects, and had three different commissions appointed to investigate the effects of vaccination, the last one composed of pro-vaccinators, and who after seven years' thorough investigation brought in a verdict so adverse to vaccination that all compulsory vaccination laws were repealed in 1898, and I see no sense or reason in our going through the experience of England during her last fifty years of compulsory vaccination with its killing and maiming. It was found that from 1881 to 1892, for a period of twelve years, they were murdering two innocent little babies a day, to say nothing of those maimed and crippled for life, and the thousands of little innocents who lay on beds of suffering and agony with fever from blood poisoning by the nineteenth century superstition. Shame upon such ignorance and brutality.

"Country Doctor" has got the impression that the eight cases quoted in full composed all the cases that I had information of to form my conclusions as to the inefficacy of vaccination. Those were picked cases, just to show that vaccination does not protect for any period of time, and are just a sample of what is in the barn. Here are a few more cases in bulk. Doctor Gayton, of the Homerton small-pox hospital, reports 10,408 cases of small-pox in those who had been vaccinated; of these, 20 cases were under one year of age, 341 between one and five, and 945 between five and ten, a total of 1,306 vaccinated cases under ten. From a few municipal lists kept in various towns in Germany for different periods, report 32,759 cases of small-pox in those who have been vaccinated; of these we have the vaccinated cases under one year, 430; from one to five, 1,981; and from five to ten, 1,559. Total under ten, 3,970. It seems to me that if these 5,614 cases of failure—for that is what they add up to—do not convince one that vaccination will not protect a child up to the age of ten years, then they would not be convinced though one rose from the dead to bring them evidence. I will give a few instances in my own practice.

Mary B., aged three, came down with small-pox; her mother, who had never been vaccinated, nursed her through the whole at-

tack, and was with her day and night; she never took the disease, while her father, who had been successfully vaccinated about six months before, considering himself immune, went in to see the child and came down with a severe attack of the disease. Teach him better than to be vaccinated again. Perhaps if he had not been vaccinated he would not have contracted the disease, as his wife who had never been vaccinated did not take it.

Wm. R., æt. 4, whose mother had small-pox, was vaccinated; it worked well on the child, and he got over the vaccination apparently all right, but before the scab of the vaccination dropped off he came down with the small-pox. The vaccination seemed to hold the small-pox in check until after the vaccination had disappeared, when the latter made its appearance and ran its natural course. Hahnemann, in the *Organon*, pages 78 and 79, on dissimilar diseases, says that measles or scarlet fever will do the same thing. I would like "Country Doctor" to explain about the pabulum in this case; was there new pabulum formed in that short period of time, or did not the vaccinia consume all the pabulum? And if not, why not?

Louise Kolline, æt. 11, the latter part of last June, came down with what the health physicians of this city and Buffalo pronounced small-pox. The family of nine was immediately quarantined and every one of the family vaccinated, but the father took the youngest child, eighteen months old, into another room and washed the virus from the arm. Louise made a good recovery and the latter part of July the quarantine was removed and the house thoroughly fumigated with formaldehyde. On August 2d I was called and found every one of the family, excepting Louise and the eighteen-months-old child, from whose arm the father had washed the virus, ill with the disease. This child whom all authors claim should be most liable to take small-pox on account of her age has not yet had the disease. That that child, only eighteen months old, locked up in a small house with only six small rooms, for about eight weeks—until eight cases had run their course—with no protection except a few doses of *Ars.*, did not take the disease is truly remarkable. Six of them had it light, and two quite severely. The two sickest were also the sickest from the vaccination. The parents had it lightest of all, and the vaccination did not work on them. Could it be possible that if the other children had not been vaccinated, and had taken some prophylactic remedies and been allowed to go out in the

fresh air, they would not have contracted the disease? I believe so; the vaccination deteriorated their vitality so that it could not resist the attack of any disease that might be present.

Here, again, vaccination made a grand failure in consuming the pabulum upon which small-pox thrives; in fact, it seemed to propagate it, as those upon whom it did not take had it very light, or not at all, while those upon whom it did take had it the hardest. All of them had the small-pox within six weeks from the time of being vaccinated. If this pabulum is required for the sustenance of small-pox, how does it come to pass that it afterwards continues to thrive in the very tissues where the person has died of the disease, for years after death? Is new pabulum formed in a dead body? Drs Jeaner, Smeaton, and Sir John Simon officially declared that vaccination would leave those who had been vaccinated with no remnant of susceptibility to infection. It was such absurd claims that passed the compulsory vaccination laws of 1853, 1867 and 1871.

Jenner at first claimed that one vaccination would last a lifetime, but reports of cases of small-pox after vaccination kept coming in so fast that he changed it to two vaccinations would be absolute protection for a lifetime, but vaccination enthusiasts at the present time recommend every three months, but according to these cases it would be required every three weeks. Now, honestly, wouldn't that "bump you?"

"Country Doctor" mentions a case of a man in San Francisco, and a woman in Boston, who had the small-pox three times in six months to show that some systems make pabulum very fast, and asks if that wouldn't "wilt your linen?" I admit it would make one sweat to find any argument in favor of vaccination in that. If those two cases were authentic, it would be all the evidence required to show the absurdity of vaccination. If two or three attacks of small-pox will not make one immune, for six months, what can one expect from vaccination? Now honestly, Doctor, would it not be far more rational to treat those cases therapeutically, and place the system in a healthy condition where it would cease making pabulum for diseases to thrive on, than to fill it with nasty, rotten, cadaveric, poisonous matter that has a tendency to undermine the vitality of the individual and prepare the system for any disease to which it might be exposed? These cases substantiate Dr. Adolf Vogt, professor of hygiene and sanitary statistics in the University of Berne, who, after giving the

subject years of investigation, made some interesting discoveries in this direction, which in an exhaustive paper were laid before the Royal Commission on vaccination which sat from 1889 to 1896. After an extensive study of all the statistical tables of Europe on the subject, Professor Vogt came to the conclusion, that, judging both from the law of averages, and from records of repeated cases of small-pox, the person who has had small-pox once stands sixty per cent. greater chance of having it again than if he had never had it.

"Country Doctor" gives a case of a Dr. P., who took a homœopathic prophylaxis against small-pox, and after doing so took the disease, and caused the board of health no end of chasing before they corralled him, and asks why I do not mention such cases as that. Fact is, such cases are so rare that one seldom hears of such a case; it is so much easier to get several hundred thousand cases that had been vaccinated having the small-pox. Here are a couple of the latest: Dr. C. S. Robe, of the Chicago Cook County Hospital, took small-pox January 26th, and was sent to the pest house; he was too sick to cause the board of health any trouble in corraling him by galavanting around the country. They vaccinate very thoroughly in this institution, every time the cows come home with a new supply of vaccine. Perhaps if Dr. P. had taken his prophylactic remedies as often as they insist upon re-vaccination in Chicago he would not have taken the disease at all, seeing he had it so very light. Dr. James H. Finnessy, of Rochester, N. Y., was repeatedly vaccinated until it had no further effect on him, but within a few months from the last vaccination came down with a severe attack of small-pox. Still he believes in vaccination. He thinks he did not give vaccination a fair show. He was only vaccinated eleven times in all, a case of dire negligence. According to Jenner, he should have been saved through eternity.

"Country Doctor" asks the per cent. which the one hundred and twenty-two thousand cases of small-pox in vaccinated persons constituted of the whole number of protected persons; I am glad he mentioned that as I must have forgotten to state. London was considered slightly better vaccinated than the rest of the country, and it is estimated that ninety per cent. of London was vaccinated during 1870 to 1885. In the Highgate hospital of London there were in 1871 ninety-one and one-half per cent. of their cases vaccinated, and in 1881 out of 491 cases 470 of them,

or ninety-six per cent., were vaccinated. The London *Lancet* of February, 1884, gives the report about an outbreak of small-pox in Sunderland, where ninety-six per cent. of them were vaccinated; and in August 27th, 1881, gives an account of an outbreak in Bromley, and every case had been vaccinated, and some of them re-vaccinated. So that not only do vaccinated persons take small-pox, but the proportion of vaccinated cases to total patients inside the hospital is greater than the proportion of vaccinated population outside the hospital. Not only the chance of taking small-pox is not destroyed, but it is increased by vaccination.

Professor C. Ruata, of the University of Perugia, Italy, reports that in the army, where every man is vaccinated twice a year in the most thorough manner for many years past, the mortality is greater than amongst the civilians, where vaccination is not so thorough or often enforced, and that those soldiers not protected because vaccination did not take were less liable to small-pox than those duly protected by the good results of their re-vaccination, and that the death rate in those vaccinated with good results was greater than among those in whom vaccination did not take place. (*Vide N. Y. Medical Journal*, issued July 22, 1899.)

Dr. L. Joseph Keller, after a thorough investigation of small-pox mortality in Austria, reports the results of his investigations as follows:

Of vaccinated children under three years, thirty per cent. died of small-pox; of unvaccinated, nineteen per cent.

Of the vaccinated, three to four years old, fifteen per cent. died; unvaccinated, nine per cent.

From five to ten years, eleven per cent. of the vaccinated died; of the unvaccinated, nine per cent.

From ten to fifteen, the vaccinated died at the rate of eight per cent.; the unvaccinated, seven per cent.

"In June, 1888," says Dr. J. A. Hensel, a German Army Surgeon, in an address at Salt Lake City, February 2, 1900: "I was on duty in Strausburg, when over one thousand cases of small-pox were in the pest house, every one successfully vaccinated but three months before for the third time. In 1888 I witnessed the amputation of three arms and the discharge of four men from the army for general debility, all from vaccination. After this experience I am convinced that vaccination is not protective."

No community with the same population, 200,000, either in

England or the United States, has had less small-pox than Leicester, and during the year of 1894 Leicester successfully vaccinated seven out of ten thousand population. The Register General represents the average death rate by the decimal .01 per thousand population.

Thus are the returns from any section where a thorough and impartial investigation has been made.

"Country Doctor" states that ninety per cent. of unvaccinated cases of small-pox died, and advises screwing such arguments on the wall, but not print them. I agree with him, especially if he is going to sign his true name to it. Small-pox is a light disease, if left to nature; already in 1675 the great physician, Sydenham, wrote that "if no mischief be done by physician or nurse, small-pox is the lightest and safest of all diseases."

Isaac Massey, the apothecary to the London Blue Coat School, wrote, in 1727, that in natural small-pox not more than one in forty-nine died in that institution.

Tissot, the great Swiss physician, writing in defence of inoculation, and therefore with every inducement to put the fatality of the natural small-pox as high as possible, says that it kills about one in seven of those it attacks, this bearing witness, under date of 1773, to a fatality of fourteen per cent. Now, then, Mr. "Country Doctor," if the percentage of death was fourteen per cent. before Jenner's time, with its horrible crude treatment, will you tell us what kills the other seventy-six at the present time? Answer up loud so all can hear. The percentage under our modern methods of treatment should not be more than four or five per cent.

It is not only the non-efficiency of the practice as a prophylaxis against small-pox that we object to the superstitious rite, but the danger and cruelty of it. What can be more cruel than to take an innocent little babe that is placed in our care to protect from harm and poison its little system with vile matter from sores on animals, and prepare its little body for all sorts of ailment in after life, if it does not kill at the time of operation? The English digest of Parliament returns, number 488, session of 1878, under vaccine mortality, records twenty-five thousand deaths of children from diseases of vaccination to occur annually. I dare say, if the question was investigated, the report would be duplicated in the United States. Look at any of our large cities. Camden, New Jersey, fourteen deaths inside of a month from vaccination, that is

probably more than ever died in that city from small-pox. St. Louis, fourteen in a short time; Atlantic City, Chicago and Cleveland add to the list.

Those who die suffer the most excruciating agony. Let me repeat a case reported by Thomas Skinner, of Liverpool, of a perfect vaccination: "Three days after the operation I was called in haste to find the young lady in one of the most severe rigors I had ever witnessed, such as generally ushers in surgical or puerperal fevers. She died of the most frightful form of blood-poisoning I have ever witnessed. Within twenty minutes decomposition set in, and in two hours so great was the bloated and discolored condition of the head and face that there was not a feature of this once lovely girl recognizable. What parent wishes to see this repeated?"

Parents are not going to submit to this peaceably hereafter; there are numerous damage suits in progress throughout the country, and the law makers will find it to be more profitable to let the people run the chance of having the small-pox. Inform the public about the dangers of vaccination, the inefficiency of it as a prophylaxis against small-pox, the filthiness and brutishness of the practice, and vaccination will have to go.

DR. J. R. SIMSON.

*Tonawanda, N. Y.*

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## A LONG TALK.

Editor HOMŒOPATHIC RECORDER.

*Dear Sir:*—In the June number of your esteemed monthly, Dr. H. Peterman, of Marshall, Texas, hurls his anathemata against anything and everything and in special against Biochemistry, Schüssler and Vondergoltz.

Dr. H. Peterman, from Texas, will, therefore, credit me the right to answer, for Dr. H. Peterman's "Little Talk" gives me the cue for that which had been in my mind a long time.

Namely, the simile between Homœopathy and Biochemistry (and I like to call this simile a classical one).

In higher mathematics the student uses the so-called logarithms, thus abbreviating long and tedious calculations of complicated divisions, when, for instance, extracting the square root of a long number, say, 0.000970695.

The use of the logarithmic tables of F. A. Ganss will result in the following manipulation:

$$\sqrt[0.000970695]{\text{Page 116}} = \times : 9^{170695} \\ \frac{9^{17032}}{37.5} = 3^{1115^2} \\ \text{Difference} = 63 \\ 7095 - 7022 \quad 37.8 = \text{proportional part for 6.}$$

The root therefore must be:

$$\sqrt[0.000970695]{\phantom{x}} = 0.031156.$$

The long and tedious way of Homœopathy is represented by the manipulation of division, while Biochemistry can be compared to the short and simple method of the Logarithms.

Therefore the euphonious expression, Ding Dong, of Biochemistry must not be used by those who, like Dr. H. Peterman, of Marshall, Texas, for example, have not given the subject conscientious and earnest study.

Having spoken in my articles enough of my personal experience I would recommend to Dr. H. Peterman's careful perusal, the following papers:

1. Report of the meeting of homœopathic physicians at Schaffhausen (Germany), Sept. 29th and 30th, 1877.
2. Rundschau, 1881—Editor Dr. Goullon, Jr.
3. Deutsche Popul. Wochenschrift für Homœopathie, 1898.
4. Professor Dr. Hegerwald's essays in the Mittheilungen über Biochemie, 1888-1901.
5. La médecine populaire—Professor Orth—Toulouse.

Furthermore the opinion of the following homœopaths:

Drs. Mossa, Goullon, Crüwell, Bapp, and others.

But perhaps for a Hahnemann redivivus, these homœopaths are unworthy of any consideration.

Last, but not least, I must comment upon the following passus of Dr. H. Peterman's "Little Talk." It is really naïveté itself to write: "*I do not vaccinate. Give Variolinum and a certificate that the scholar is successfully vaccinated, and our Superintendent of Public Schools, who is an old school physician, has never refused my certificaté. There is much darkness in the North.*"

Does not Dr. H. Peterman, of Marshall, Texas, know that he is doing wrong?

Does he not know that such a certificate is an untruth?

And does he not know that he really should be prosecuted and punished for such a breach of professional veracity and false declaration under his own signature?

Here in the Darkness of the North such false declarations relying on *Reservatio mentalis* would be punished, and as I must add—*cum jure* !

Dr. H. Peterman asks the Father to forgive them (Schüssler and myself—others are not mentioned) they do not know what they do. My dear, dear Dr. H. Peterman, of Marshall, Texas, I must remark that in my eyes medicine in general and your article in special have nothing to do with this quotation, especially your "Little Talk," with the confession of such surprising nature ! !

Dr. H. Peterman's advice to me personally not to lose time, but study *Materia Medica*, comes too late; I have given the study of *Materia Medica* the most conscientious thought and consideration and do not find, judging by the results obtained in my practice, my time wasted.

Yours truly,

ERIC VONDERGOLTZ, M. D.

247 E. 72d St., New York City.

## A HAY FEVER REMEDY.

Editor HOMŒOPATHIC RECORDER.

Allow me to suggest a remedy for hay fever, as this is about the season of the year when this trouble begins to attack its victims.

*Arundo mauritanica* (an Italian grass) is so closely similar in its symptoms to hay fever that with me I do not think of anything else when I have a case, unless something very peculiar or characteristic of some other remedy appears, and I do not fail to *cure* at once almost every case I prescribe for. The practitioner can find the provings in *Guiding Symptoms*, Vol. II. I will cite one case : Dr. Jonathan Jones (old school) in August of last year requested me to prescribe for his "hay fever." He informed me that he had tried everything known without the slightest relief, and thought perhaps Homœopathy had something that might help him. I requested his symptoms, but he could give nothing peculiar from the general symptoms of this disease. His sneezing was violent, *nose very red* and raw looking ; constantly blowing and wiping, itching, burning all through the inner nose, eyes in-

flamed and watery, profuse lachrymation, etc. He informed me that he was suffering for four weeks past, and that this was his annual return. It was at the meeting of the Penn. Medical Society—old school—at Allentown that I saw the doctor, and I happened there through an invitation of the secretary of the Society.

I told the doctor that I would mail him medicine on my arrival home that evening. I did so, and received a letter two days afterward in which he informed me that relief came after the second dose, and in four days was well. I sent him 3 dilution of *Arundo*, as that is the only potency I have, and could not procure it any higher at that time, although I think it can be relied upon in any dilution, from tincture to 200, to cure this frightful disease.

JOHN V. ALLEN, M. D.

*Frankford, Philadelphia.*

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### THYMUS SERPYLLUM.

Editor HOMŒOPATHIC RECORDER.

L. A. G. has an inquiry in the July 15th number of RECORDER as to *Thymus serp.*

You state that no proving has ever been made. You may recall that I sent a paper last year giving the results of provings of five students covering a period of one month. These were combined with several cases of poisoning and investigations conducted in Paris. This was published in the RECORDER of February this year.

Yours hastily,

PAUL ALLEN.

(That is one on the RECORDER man. Looked it up in Bradford's *Index of Provings*, and not finding it there supposed it an unproved remedy, not recalling the fact that the proving of it had been published in the RECORDER this year.—A.)

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### COLCHICUM.

N. W., a recently wedded woman, who married late in life. She was of an active, sanguine temperament, without an heir to bear her name or to call her mother. Near the close of a prolong-

ed attack of enteric fever, under the care of another physician, gastric disturbance set in. Debility, languor, clouded intellect, nausea and vomiting harassed this patient until life was despaired of, although the active symptoms of fever had abated and the disease had spent its force. The persistent vomiting of glairy, colorless mucus, worse from the smell of food, seemed destined to end all. Under the promptings of such mental strain and the witnessing of such agony a change of medical advisers is not unusual in most communities. It came, and with it a chance to try *Colchicum* 3x and nothing else. Improvement was prompt and as unmistakable as that produced by pouring water about a famishing rose in your garden.

In Bright's disease, acute or chronic, when nausea and vomiting are prominent, especially with the peculiar character of the vomited matter and the aggravation named above, *Colchicum* is the remedy tried and true.

The use I most frequently make of this remedy, and the one which prompted this paper, is to relieve nausea and vomiting of pregnancy. My success has been so prompt and gratifying that other remedies are seldom used. Formerly failures were frequent, but now speedy relief is the rule. Look for this keynote in prescribing *Colchicum*; Nausea and vomiting of clear, glairy, stringy fluid aggravated by the smell of food.

Dr. Nash recommends this remedy highly for autumnal diarrhoea, with white or bloody mucus discharges, having a shreddy appearance, looking as if the mucous membrane had been scraped off of the intestines, with tenesmus and meteoristic distention of the abdomen, but really the shreddy pieces are organized mucus. *Colchicum* is a quick acting remedy, so if the patient does not report rapid improvement you might as well change the remedy. Homœopaths, if you are only true to Similia, you will make lasting friends and brilliant cures among your patients.—*Dr. A. W. Reddish, Sidney, O., in Medical Century.*

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## BELLADONNA.

IN his observations on *Belladonna* Hahnemann says: "This great discovery of mine has been scorned and sneered at by a number of physicians for at least nineteen years. They were ignorant of the character of this disease, which is proper to child-

hood, and they were indiscreet enough to mistake for scarlet fever the *purple-rash*, which had migrated into Germany from Belgium as early as the year 1801. They falsely applied to this purple-rash the term 'scarlet fever,' and failed, of course, in trying to cure it by means of the remedy which I had proposed. I rejoice that, in subsequent years, other physicians should have again observed the genuine scarlet fever, that they should have confirmed the prophylactic virtues of *Bell.* against this disease, and should have done me justice after the unjust derision which I had so long suffered."

"Purple-rash (*Roodvonk*) being a disease different from scarlet fever it requires to be treated in a different way. In purple-rash *Bell.* can do no good; and patients who are treated with *Bell.* in this disease will generally have to die; whereas all of them might have been saved by the alternate use of *Acon.* and the tincture of *Coff.*, the former being given against the heat, the increasing uneasiness and the agonizing anguish; the latter against the excessive pain and weeping mood. *Acon.* and *Coff.* should be alternately given every twelve, sixteen or twenty-four hours, in proportion as one or the other medicine is indicated. Of the *Acon.* I give a small portion of a drop of the decillionth solution; of the *Coff.* I exhibit the millionth degree of potency in the same form and quantity. Recently both diseases, which are so different from each other, the Sydenhamian scarlet fever and purple-rash, seem to have become complicated in some epidemic diseases, so that one patient derives more benefit from *Acon.*, another from *Bell.*"

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## HOMŒOPATHIC CLINIC OF THE HOSPITAL SAINT-JACQUES, PARIS.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
May 21st, 1903.

### TIC DOULOUREUX.

A woman, fifty-six years of age, otherwise in good health, had been suffering for several years from neuralgia in the face. The pain occupied the ramus infra-orbitalis and radiated during the attack into the branches of the temporalis. The attacks come swift as lightning, followed by intervals quite free from pain. It is excited by movements of the jaws in eating, but more yet in talking.

When the patient entered the hospital on November 5th, 1902, these attacks appeared even without any movement of the jaws, and were moderated by a strong pressure of the hand, instinctively exerted by the patient. The patient received first *Methylene-blue* 0.05. This dose, increased after five days to 0.10, was continued till November 12th. This remedy caused the attacks to appear at longer intervals.

On November 12th *Mezereum* 6 Dil., ten drops a day, was prescribed, especially on account of the aggravation caused by the movement of the jaws. This dose was continued till November 23d, thus for twelve days, and caused a steadily progressing improvement. On the 24th of November the 30 dilution, ten drops a day, was prescribed and this was continued till December 9th. From then on the 3d trituration (0.10 grammes) was given; from December 17th the 30. and 12. It seemed as if the higher dilutions made the progress in improvement more noticeable.

On the 31st of December the woman could be discharged from the institution almost completely freed from her ailment.

A CASE OF PNEUMONIA. BRYONIA AND PHOSPHOR. 6.; IMPROVEMENT ON THE SEVENTH DAY; FREEDOM FROM FEVER AND CURE ON THE NINTH DAY.

A woman, sixty-seven years of age, has had pneumonia three time before, the first time when forty-six years old, the second time in her fifty-first, and the third time in her fifty-fifth year. Her mother had also suffered from it three times, and died when sick the third time, when fifty-two years old. Her father is suffering from diabetes.

On December 15th she was seized with pneumonia for the fourth time, with fever, lancinations in the side and an obstinate cough. She remained at her home for four days without treatment, then on the 19th of December she was brought to the Hospital Saint-Jacques.

On the 20th of December, the fifth day of her illness, her temperature in the evening was 102.8°, in the morning, 102°; dyspnoea, lancinations in the side, a mucous expectoration, showing the presence of pneumococci; the face reddened, the tongue moist, no albumen.

At the auscultation a fine crepitating rattling was heard during inspiration in the lower half of the left lung; above it *bronchial* respiration and bronchophony. The patient received *Bryonia* 6. two drops by day, and in the evening two drops of *Phosphorus* 6. For three days the condition remained almost the same.

On the 22d of December (the seventh day) an improvement manifested itself. The temperature fell to 100.4° in the morning and 101.6° in the evening. The same medication.

December 23. Apyrexia in the morning 98.8°, in the evening 100.6°, pulse 80. The rattling continues, but is more moist.

On December 24th, the departure of the fever is decided, 97.7°, pulse 80. Posteriorly there is still some rattling. The patient complains of some discomfort, which puts in doubt her full recovery. Remedies continued. Soup and wine.

The improvement was confirmed on the following days. The temperature remains at 96.7°. The resolution is pronounced. The patient is reconvalescing.

Dr. Jousset adds the following concluding remarks: The mother of this patient had pneumonia three times, succumbing to the last attack at an age of fifty-two years. Her daughter had her fourth attack of pneumonia, and, although she was sixty-seven years old, she recovered. These repeated attacks of pneumonia at intervals of seven years are not very rare, and such attacks, according to his experience, are not usually very severe.

From these observations he draws a new proof, for his view entertained for some time that all diseases are hereditary.

“There are families with typhoid fevers, with whooping-cough and with pneumonias, just as there are families of tuberculous and cancerous constitutions.”

The treatment given he calls the *classical*, by which term he designates the homœopathic treatment sanctioned by experience, from which he says that he will not allow himself to deviate in favor of any phantastic therapy.

“Clinical experimentation,” he continues, “is justifiable only in cases that will not yield to ‘classical’ treatment, or where no treatment has so far been developed. Outside of such experimentation, all experiments must be limited to guinea-pigs.”

In so far as the image and course of the illness in individuals seized with pneumonia bears in the majority of cases a certain type, there could also be developed in the homœopathic school a general type of treatment on the basis of clinical observations, which nevertheless are founded on the principle of the simile. This type of treatment is what Dr. P. Jousset calls the classical treatment of pneumonia, extending especially to the use of *Aconite*, *Bryonia* and *Phosphorus*. Without cogent reason we shall not be likely to deviate from this. But, nevertheless, we are

often compelled by the peculiarities of the pneumonia patient to take these peculiarities into account and to deviate from this classic treatment by giving a remedy more appropriate to that special case.

Thus we shall have to guard against the scylla of mere routine treatment as well as against the charybdis of subjective experimentation—a phantastic therapy—though a clinical experiment aiming at a simile is, of course, vastly different from it. In the woman with the tic douloureux, Dr. Jousset does not seem to have kept strictly to his rule. For we have from his own hands excellent observations as to the efficacy of *Mezereum* in neuralgias (of the face, the occiput and the intercostal regions), and, indeed, in very obstinate cases, distinguished by the suddenness of the pain, which is aggravated by the motions in chewing or speaking, by hot food and touch. *Mezereum* would accordingly have been the classical remedy from the beginning, and yet our honorable colleague used first the *Methylene-blue*, little known as to its pathogenesis and only somewhat known through the *usus in morbis*. There seems to be no doubt that the lion's share in mastering this severe case of many years' standing of tic douloureux is due to *Mezereum*, affording an excellent confirmation of the earlier clinical experience of Dr. Jousset.

DR. MOSSA.

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## CONTRIBUTION TO THE TREATMENT OF MORPHINISM.

By Dr. De Keghel.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, July 2d, 1903.

A communication to the *Cercle Médical hom.* of Flanders.

A lady, fifty-eight years of age, had for many years been afflicted with attacks of facial neuralgia and of ischias; various treatments had in turn alleviated without curing her ailments. Eight years ago, in her climacteric period, she had an attack of apoplexy and of paralysis on the right side. In time the paralysis disappeared, but the ichias continued with varying violence. After many fruitless curative efforts, she had finally taken her refuge in injections of morphine, which she continued for about

seven years. Some months ago her lower limbs became paralyzed, either as a consequence of the abuse of morphine or from a morbid state of the spine. The spine is very sensitive to pressure or to percussion on the middle of the back. On the tenth of last October, her daily consumption of the narcotic had risen to three grammes daily, in the form of injections; but even these unusually strong doses could not give her any more relief. On the contrary every injection caused spasmodic twitches in the arms and hands, and also the lower limbs occasionally experienced very painful twitches and jerks. The urine was strongly burdened with pus, and its discharge was accompanied with violent pains. In consequence of her constant sitting on a ring-shaped cushion, her perinæum had received a conical shape, with hemorrhoidal swellings and erosion of the mucous membrane of the rectum. The pains are violent as if she was sitting on knives. Frequent clysters of glycerine afforded some relief. She also complained of pains in the back with pains as from a girdle. In spite of the increased doses of morphine, her nights were to a great degree sleepless. Strong doses of chloral and of trional remained without effect, and only seemed to increase the general decrepitude. The eyes were lifeless, the lower jaw was hanging down. To her insomnia now was added anorexia. Her worst trouble was a burning pain in the anus, the perinæum and the vulva.—Now she finally sought help from Homœopathy!

Among his notes on morphiamania, Dr. De Kegel found an article published by Dr. Haynes in 1878 in the Monthly Homœopathic Review. The case was that of a morphiniste for whom life had become a hell whether she used or discontinued the use of the narcotic. The tincture of *Ipecac* given on the advice of Hahnemann cured her of her morphiamania. Haynes had also cured a number of other cases with it.

On the tenth of November, Dr. De Kegel commenced the treatment with this remedy. Every hour he gave her a teaspoonful of a dilution of seven drops of the tincture of *Ipecacuanha* in half a tumblerful of water. The first night the patient had a natural sleep, but only in the second half of the night; next day her pains were less; and the night following her sleep continued to become better. The urine contained less pus, and her appetite was extraordinary. As her improvement progressed, the remedy was given at longer intervals, at first every two hours, then every three hours and lastly only twice a day.

On the 20th of November violent pains appeared in the lower extremity of the left side, accompanied with trembling and formication. Was this a reappearance of the old ischias or was it an aggravation caused by the tincture of *Ipecacuanha*? The patient urgently demanded injection of morphine. A glance at the pathogenesis of *Ipecac* showed: "trembling twitches and formication in the lower extremities." Twitching pains and formication are also found under *Arnica*, which according to Hahnemann is an antidote of *Ipecacuanha*. We also find that Dr. Lambrechts cured with *Arnica* (four to six drops of the tincture three times a day, for several days) the most stubborn cases of ischias, even such as were due to a compression of the nerve. So Dr. De Kegel gave his patient two drops of the mother-tincture. The effect was striking, the pains ceasing after the first dose. For two days and two nights the state was most satisfactory. But on the 22d lancing pains in the back set in, radiating even into the chest. These were assuaged by a dose of *Pulsatilla* 30. She had her sleep yet on the succeeding night, but on the 24th the patient again complained of the burning pains in the anus, the perinæum and even in the vulva. *Nux vom.* 30, *Arsenicum* 30, *Gelsemium* 200, and *Mercurius corr.* 1. D. were used one after the other without effect. As jerking pains returned in the right leg, *Arnica* was again prescribed, but without effect. The patient had dreadful nights, and all around her were worried day and night. Yielding to her urging and to those around her Dr. De Kegel gave her an injection of one centigramme of morphine, repeating the dose three times a day. But after two days the patient perceived that this remedy, instead of easing her pains, only aggravated them. The Dr. then took recourse again to tincture of *Ipecacuanha* and with good results. But the improvement lasted only for two days. In the night from the third to the fourth of December she hardly slept at all, the burning pains in the perinæum and the spasmodic jerking in the lower limbs were again unbearable. *Arnica* was again given as above, and though the effects were not as immediate as the first time, they were quite satisfactory, the patient having a good night's rest.

*Journal belege d'Homœopathie, April, 1901.*

The striking effect of the homœopathic remedies in this desperate case of chronic morphinism is most noticeable, though a complete cure may hardly be expected. (Dr. Mossa.)

## BOOK NOTICES.

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**Dogs.** How to Care for Them in Health and Treat Them When Ill. Compiled and arranged by E. P. Anshutz. Philadelphia: Boericke & Tafel. 1903.

“And in this profession those that have most confidence, though the least skill, shall be sure of the greatest custom; and, indeed, this whole art as it is now practiced is but one incorporated compound of craft and imposture.” Thus wrote Erasmus in that “Praise of Folly,” put on paper at Sir Thomas More’s Chelsea home some five hundred years ago—and he was writing of Medicine! The “art” has been advanced; the “profession” has not retrograded in cunning and Folly has more votaries than ever; as for the “craft and imposture”—well, *you know how it is yourself!*

The unpretending booklet under notice pertains to a field in which there is little encouragement for “craft and imposture.” When the dumb brute is ill it cannot be wheedled by the most confident charlatan. Physic must *be* something more than the “art of amusing the patient while nature cures the disease,” as Dr. Johnson declared of it. Even “suggestion” is foiled, and the therapeutist (!) who avails himself of that confession of imbecility is put to the blush. You may “suggest” to a hysterical woman that her ovaries are back of her ears, and if you are an adept in the “suggestion” trick she may believe you; but try that on a dog; you cannot get even one acquiescing wag of the tail. Ah, yes; when your patient is a dog you are face to face with a skinful of solid sense; no malingering, such as makes the army surgeon weary of life; no devil’s dose of acquired taint, such as modern civilization affords; no righteous curse, such as is the harvest that gluttony and riotous living must reap.

None of these bedevilments, but instead you are confronted with what Dr. Arnold terms “the painful mystery of the brute creation.” Recall what Philip Gilbert Hamerton wrote anent this same “mystery”: “That all animals are condemned at one period or another of their existence to undergo suffering, often very severe suffering, and in their utmost anguish they have no consolation from religious or philosophical ideas, that they have no hope

beyond the limits of a day, and that their existence is most probably limited to the brief space between life and death—this is the dark side of their being, which we need not attempt to hide." Such are the considerations that led Dr. Arnold to declare, "The whole subject of the brute creation is to me one of such painful mystery that I dare not approach it." Surely the mystery deepens when one looks into the almost speaking eyes of a faithful dog, and one can but trust

"That nothing walks with aimless feet;  
That not one life shall be destroyed,  
Or cast as rubbish to the void,  
When God hath made the pile complete."

If, at the darkest view that we can take of the mystery of the brute creation, these dumb lives are indeed "rounded with a sleep," then are they doubly pensioners upon all the tenderness that the heart of man can know; and it is a happy omen for all of us that the humanitarian instinct is growing deeper and broader and reaching helpful hands towards everything that the inscrutable Creator has invested with the breath of life

Naturalists tell us that of all the animals that serve mankind, the dog is the only one which of its own accord has left the savage state to be man's companion and friend. And what a friend! Too often the only one whom the bitterest adversity cannot take from us. The friend *semper idem*; the one incarnated *unswerving* fidelity.

As I look at the shaggy Scotch shepherd dog which is sleeping near my feet whilst I am writing these words, there arises the involuntary wish that this little book might find its way into every house that has a dog among its Lares and Penates.

To be sure, the book is but a tentative beginning, a *rudis indigestaque moles*, but it can serve to soothe many a pang and shorten the period of speechless suffering.

As the compiler says in his preface, "A well-selected remedy will act on a dog as on all animals with marvelous rapidity." True it is, for "the brute creation has its diseases, but on the whole it is astonishingly healthy. It is full of an amazing vitality."

The layman who has only this short and simple book will soon be delighted with his success in ministering to the suffering pet of the house by day and its protector by night. And he who essays

to use this little book will speedily learn how love sharpens the eyes and trains the skill. And the results which he finds following his own application of remedies to the brute will bring to him a firmer faith in them when more skillful hands apply them to himself.

How often do we hear Homœopathy damned (with what they consider faint praise) as being "good for children." Of a truth it is; the "slaughter of the innocents" can not be charged against it.

See to it, you young practitioner, that you win the repute of being "good for children and babies." The one who gives you that encomium as a cheap charity does not dream that he is awarding you the greenest chaplet that the physician can hope to win. He forgets that the babe cannot talk; that the "symptoms" which *he* can furnish on occasion are to be found by you in the infant only by a closeness of observation and a sharpness of discernment that will make you doubly serviceable to *him* in the time of his need, for in his case you shall have the objective symptoms *plus* the subjective category that intelligent questioning will elicit.

A second edition can easily be made a little fuller in the descriptions of diseases and somewhat more inclusive in the matter of the remedies. As the complication of a brevet doctor, we can only say, as another hungry one did once upon a time—"Please, sir, some more!"

S. A. J.

June 20th.

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**A Text-Book of Minor Surgery, including Bandaging.** By Newman T. B Nobles, M., D.

This impresses me as a most useful work. It is true that in large and exhaustive works on surgery, we also get minor surgery, but such volumes are more cumbersome than smaller ones; and besides, the author cannot afford to amplify on minor operations. There are thousands of doctors to whom the scholasticism and technical elaborations of great surgical tones would be only ornamental knowledge. What they need is attractively furnished in this excellent book. Surgery being surgery, school cuts but a small figure in the case. It is superfluous to say that nothing is left to be desired, so far as the physical features of the book are concerned.—C., *Medical Gleaner*.

# Homœopathic Recorder.

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## EDITORIAL BREVITIES.

A CONVERT TO HOMŒOPATHY.—A correspondent of *Medical Advance*, an old school practitioner who has practiced Homœopathy for three months, concludes an article as follows: “The more I grow into the homœopathic idea and practice the more grateful I am that I have been able to throw off my old school prejudice and training, and with it mere routine treatment of diseases, to the more rational and scientific treatment of specific individuals for specific symptoms according to specific indications. And the more I see of it, and of my own and others’ blunderings and successes, the more confirmed I become in the two-line “creed” of my acceptance—

“*Similia, Similibus, Curantur.*”

“*Simile, Simplex, Minimum.*”

IMPORTANCE OF GOOD MEDICINE.—In an article in the *Hahnemannian Monthly* Dr. J. C. Guernsey says:

“Finally, under the Law of Selection, come § 264-5-6, etc., ‘the choice of the purest and most energetic medicines. A skillful physician will never rely on the curative virtues of medicines unless he has procured them in the *most pure and perfect state.*’ The quality of the medicines we dispense is all important because the success of homœopathic prescribing depends upon their *vis medicatrix*. Medicinal purity and perfection so fully deserve and demand our consideration, that the homœopathic pharmacist who prepares, preserves and presents for sale medicines ‘in the *most pure and perfect state*’ is the one to command our custom.”

Many a doctor has made a failure of his life simply because he has bought any old thing that came along so long as it was “cheap.”

A UNION IMPOSSIBLE.—“ Much has been said of late about the two schools of medicine uniting. I cannot understand on what basis such a union can possibly take place. The principles of the two are directly opposed to each other—always have been and always must be. Some so-called homœopaths, who have had a leaning towards allopathy because they never understood the principles of Homœopathy, may think that the two schools are merging, but on what grounds can this union take place? We certainly cannot sacrifice our principles to that end, and no one believes that the allopathic school will ever accept them without a complete change of faith.”—*Dr. A. R. McMichael in Chironian.*

DOESN'T BELIEVE IN THE G. M. G. STYLE.—“ It is true that this subject has been thrashed into shreds; still it lacks a good deal of being exhausted. A time may come when the subject shall have outreached debatability, but that time is not yet. Does it depend upon the interpeculiarities of radicalism and conservatism, or upon the indefiniteness of vaccine results—this disagreement among doctors? Anyhow, whether vaccination protects against small-pox or not is a debatable question. It will not do for us believers to pooh-pooh objectors and seek to waive them as cranks. They are not cranks; they are as intelligent and reasonable as we are. If we want to keep up to the true dignity of true manhood we must at least be fair—we *ought* to be generous.”—*Cooper in Medical Gleaner.*

JOHN MCKEAN, an attorney from Springfield, Mass., after closely studying his state medical laws, for the purpose of defending a client who was arrested for practicing illegally, was given a fall by the prosecution declaring, “ No bill, ” when a test case was to be made in the Supreme Court. He declares that the law is unconstitutional, and that the medical board feared a test case. His client courts a trial, declaring to the committee, that he continued to practice illegally, that he intended to continue, and that he would furnish the names of a hundred of others doing the same. Still he is as yet undisturbed.

Mr. McKean says: “ What kind of a law is this that can be and is with impunity defied in the very cradle and home of legislation, the State House of Boston, and before the very lawmakers themselves. What a travesty of justice it is that such a law is allowed to remain as a bugaboo for weaklings who dare not defy it.

A law that was conceived in trickery, was born in iniquity and bears patent on its face the marks of its conception and birth."

In our opinion the medical law of Massachusetts is no exception. An untrammelled court will, in many States, completely upset medical legislation if given the opportunity. We believe them all to be "class legislation" and contrary to the Constitution of the United States.—*B. in Medical Gleaner.*

DOESN'T BELIEVE IT IS SMALL-POX.—Dr. Charles McLachlin, of Elwell, Mich., writes a contemporary that he has treated 165 cases of so-called small-pox. Of these, 36 had been successfully vaccinated within a year, and six had had small-pox before. He vaccinated a number after they had recovered and it took on them "in fine shape." "I, for one," he concludes, "do not believe it to be small-pox, as I have had an experience with the real thing and the diseases are not the same."

HOMŒOPATHIC PRESCRIBING.—"Let us then go on with our physiological studies of drug action, but let us remember at the same time that the selection of a drug in any given case must depend upon the totality of the symptoms. These present the pathology of the case will be well cared for. Pathological prescribing leads surely to generalizations and routinism, whereas a successful and scientific homœopathic prescription can only be made by the most careful individualization both of the patient (not of the disease) and the remedy."—*Cowperthwaite.*

OLIVE-OIL IN THE TREATMENT OF HÆMATOMATA.—Dr. Camescasse (*Rev. de Therapeutics*, Dec. 1, 1902) advises the application of *Olive-oil* in all cases of contusion. No rubbing in is necessary—it is indeed painful and therefore to be avoided—but the oil is simply sprinkled on or applied on lint. If the skin is broken, a previous cleansing with some antiseptic is advisable. The mode of action of the remedy is not clear, but the rapidity and effectiveness of its operation are said to be remarkable. A black eye thus treated disappeared so quickly and completely that the victim was inclined to complain on the ground that he had no visible injury to show to the police.

## NEWS ITEMS.

Dr. Bailie Brown has removed from Putnam, N. Y., to 104 Hancock Ave., Jersey City, N. J.

Doctors Edmund Carleton and Spencer Carleton have removed to 71 W. 50th St., New York City.

Dr. Rollin H. Stevens has returned from Europe and will hereafter devote his attention to Consultation and Special Work in Dermatology, including the use of the Finsen Light (which he studied under Prof. Finsen, in Copenhagen), X-Ray, High-Frequency, and other Photo- and Electro-therapeutic measures. Office after June 12th in the Stevens Building, Corner Grand River Avenue and Washington Boulevard. No. 6 Adams Av., W., Detroit, Mich., June 3, 1903.

*Progress.* A Monthly Journal devoted to Medicine and Surgery," is the latest homœopathic journal to appear. It is published in Denver, Colo., and David A. Strickler, M. D., is the editor, H. M. Fryer, associate editor, and James B. Brown, M. D., business manager. Subscription price, \$2.00. We wish the new venture success though whether Denver and its territory can support two journals?

Dr. M. L. Kunkelman has removed from Nebraska City to Rising City, Nebraska.

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Of *Arsenic* Hahnemann said: "Fits of anguish at night, driving him out of bed. Burning in the skin; burning pain in the ulcers. Quotidian and intermittent fevers. Scabs. Inflammation of the eyes and lids. Vomiting after every meal; burning pain at the pit of the stomach. Corrosive ulcerated blisters in the soles and toes."

A contributor to *Homœopathic World* writes that he has cured cases of deafness (in men) resulting from cold, with a few doses of *Pulsatilla* 1, followed by two or three doses of *Sulphur*, and that *Sulphur* 200 answered well for that purpose. In each case allopathic physicians had been consulted without success, and one advised that cleansing of the Eustachian tube would probably be necessary.

# PERSONAL.

You ought to read the first paper in this RECORDER.

"Odorless is without a scent. An odorless man cannot ride in the cars."  
—*Kid*.

There is said to be a good opening for a homœopathic physician at Freehold, N. J.

A Philadelphia paper (June 12) had the following headlines: "Vaccinated 24 times, he died of small-pox."

"*Cina* deserves attention in the bronchial catarrhs which remain after measles, especially such as have a kind of hectic fever with them."—*Dr. John F. Gray*.

"I have found *Digitalis* very efficacious in several very severe cases of vertigo. It is especially indicated when, with the vertigo, *the pulse is very slow*."—*Dr. John F. Gray*.

"I have for many years applied *Eupatorium* in cases of intermittent when there was little or *no sweat at any time during the disease* and consequently in those forms closely verging upon the remittent type."—*Dr. John F. Gray*.

"Wurruk is wurruk if ye're paid to do it, an' it's pleasure if ye pay to be allowed to do it."—*Mr. Dooley*.

Misery may love company, but it is doubtful if the love is reciprocal.

A woman thinks, and perhaps rightly, that when she can no longer make her husband miserable he has ceased to love her.

No, Mary, you cannot cut fire-wood out of a family tree.

**FOR SALE.** Have 20 shares of the Luyties Homœopathic Pharmacy Company. Having been unable to dispose of the same to or through the L. H. P. Co., I therefore offer this stock for sale. Address Eudora L. Crump, 693 Madison Ave., New York City.

When the girl told him that she loved him, when he was absent, he took on a thoughtful look.

Suggestive: "She wore no rings, for her hands were remarkably beautiful."

The man who rails against marriage is — what Balaam rode.

They say that when the average man proposes to his best girl the proposal is preceded by a species of nervous prostration.

It is better, as a rule, to under-rate rather than to exaggerate, hence good girls do it anent their age.

Anyone, even the portly, can dance attendance.

When tobacco is made "harmless" it is no fun to smoke it.

"There are three kinds of liars: there is the liar, the d—d liar, and the expert witness. (Laughter and applause.)"—*Dominion Medical Monthly*.

The man who says he can kill mosquitoes with a musical note is probably in error.

# THE HOMŒOPATHIC RECORDER.

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## LIFE AND WORK OF SAMUEL HAHNEMANN.

By W. B. Clarke, M. D., Indianapolis, Ind.

Students of the history of Homœopathy and the life-work of its illustrious founder, Samuel Hahnemann, never fail to be profoundly impressed with the genius of the man, his unbounded enthusiasm, prodigious industry and perseverance, literary ability, vast and varied knowledge, critical acumen and powers of observation and logic, inspired presence, wonderful originality, noble benevolence and genuine philanthropy. It were a difficult, nay, impossible matter for one to name a medical writer whose opinions and teachings have stood the probing tests of a century of time so successfully as have his, and a century, too, which has contributed more of deep and critical thought and consequent rivalry and invention that have resulted in the world's general advancement than any other ten centuries of its history. The law of cure enunciated by him still stands unrepealed and in full force on the statute books. And his work and writings have materially modified, yes, sensibly and insensibly, directly and indirectly, revolutionized the medical practice of the world. There can be no denial of this—it is universally admitted as the truth. Every physician anywhere near abreast of the times has imbibed more or less of Homœopathy and its teachings, and practices it, wittingly or unwittingly, according to the knowledge he has of it—for it has permeated all the medical schools and practice—though many are ashamed, for social, financial or professional reasons, to boldly appear on the side of the apparent minority on any kind of question, much less a medical one. For this reason, then, Homœopathy *appears* before the world far less strong than it really is, and “statistics” look so much more favorable, and

"the average term of human life," as the sanitarians put it, has been lengthened several years within the century. Thus it is we find President Lewis recommending in his annual address before the New York State Medical Society that all the medical colleges of that State should hereafter teach Homœopathy.

During a recent college term Dr. W. E. Quine, President of the Chicago College of Physicians and Surgeons, recently President of the Illinois State Medical Society and President of the Illinois Board of Health, then professor of *Materia Medica* in the Chicago Medical College, in a public lecture in the amphitheatre of the Cook County Hospital, which I heard, made an impassioned plea for the union of the schools of medicine, and paid Homœopathy and Hahnemann this tribute: "Homœopathy has unquestionably done a noble work, introducing a revolution that has exterminated bleeding, purging, vomiting, salivating and the like torture of the wretched dying. Hahnemann banished the lance. He demonstrated that the sick could get well without any medicine at all. He promoted the philosophical study of disease. He taught the prudence of small doses and the accuracies of medication. Who else had done as much for therapeutics?"

There is more in the same strain, but no more is needed right here for illustration, that is, as coming from professional sources. But it may be well to show that the idea of the reforms produced by Hahnemann and Homœopathy also pervades the lay mind. No more striking instance of this can be cited than by referring to the article, "A Majestic Literary Fossil," published in *Harper's Monthly Magazine*, written by Mark Twain. He declares that in nothing has the world changed more or more quickly than in the modern-born disposition on the part of men that a new idea can have value, and that in this direction the world has made more progress in the last fifty years than in the preceding three thousand, and that in medicine the progress had been especially manifest, this improvement having its inception in the introduction of Homœopathy. Mark Twain had become possessed of an old medical book, captured in Virginia during the war, where it was doing duty as of yore. This work was published about one hundred and forty years ago. He draws freely on it in depicting the sufferings through which the sick were made to pass when they became so unfortunate as to have to pass under the treatment of the doctor of the period. But his story is so interesting and instructive that it must be quoted from, which I will now do briefly:

“ If I were required to guess off-handed, and without collusion with higher minds, what is the bottom cause of the amazing material and intellectual advancement of the last fifty years, I should guess that it was the modern-born and previously non-existent disposition on the part of man to believe that a new idea can have value. The prevailing tone of old books regarding new ideas is one of suspicion and uneasiness at times, and at others contempt. By contrast, our day is indifferent to old ideas, and even considers that their age makes their value questionable, but jump at a new idea with enthusiasm and high hope. I make no guess as to just where this disposition was born to us, but it certainly is ours, was not possessed by any century before us, is our peculiar mark and badge, and is doubtless the bottom reason why we are a race of lightning-shod Mercuries, and proud of it, instead of being like our ancestors, a race of plodding crabs, and proud of that.

“ So recent is this change from a three or four thousand year twilight to the flash and glare of open day that I have walked in both, and yet am not old. Nothing is today as it was when I was an urchin, but when I was an urchin nothing was much different from what it had always been in this world. Take a single detail—for example, medicine: Galen could have come into any sick-room at any time during my first seven years and stood my doctor’s watch without asking a question. He would have smelt around among the wilderness of cups and bottles and phials on the table and on the shelves, and missed not a stench that used to glad him two thousand years before, nor discovered one that was of a later date. He would have examined me, and run across a disappointment—I was already salivated. He would get out his lancet then, but I’d have him again; our family doctor didn’t allow blood to accumulate in the system. However, he could take dipper and ladel and freight me up with old familiar doses that had come down from Adam to his time and mine; and he could go out with a wheelbarrow and gather weeds and offal, and build some more while those others were getting in their work. And if our reverend doctor came and found him there he would be dumb with awe, and would get down and worship him. Whereas, if Galen should appear among us to-day he could not stand any-body’s watch; he would inspire no awe; he would be told he was a back number, and it would surprise him to see that that fact counted against him, instead of in his favor. He wouldn’t know our medicines, he wouldn’t know our practice, and the first time he tried to introduce his own we would have him.

“ The change here presented is probably the most sweeping that has ever come over mankind in the history of the race. When you reflect that your own father had to take such medicines as the above, and that you would be taking them to-day yourself but for the introduction of Homœopathy, which forced the old school doctor to stir around and learn something of a national nature about his business, you may honestly feel grateful that Homœopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live.”

Thus it is that the *British Medical Review* (allopathic) well said: “ Homœopathy comes before us now, not in the garb of a suppliant, unknown and helpless, but as a conqueror, powerful, famous and triumphant.”

Just as “ Hamlet ” cannot be played with Hamlet left out, no study of Homœopathy and its foundation principles can be complete without at least a brief glance at its founder, Hahnemann, and of the times in which he lived: Samuel Christian Frederick Hahnemann was born in 1755, the eldest of a family of ten, born to a painter of Dresden china of Meissen, Saxony. He early showed an intense passion and a wonderful aptitude for learning, so much so that when his father took him from school with the intention of making him his assistant his teachers interceded that he might be allowed to continue at study, offering to forego all fees. In 1775, when twenty years old, he went to Leipsic to begin the study of medicine, his father then giving him twenty thalers, the last money he ever gave him. Here he supported himself by teaching and by translating for publishers while diligently attending the medical classes of the University, his tuition fees being remitted through a government fund instituted for the benefit of poor and deserving students. After two years of study here he went to Vienna to get the hospital facilities, being in chief attendance at the hospital of the Brothers of Charity. Here he attracted the attention of Quarin, physician in ordinary to the Emperor, who was greatly attracted to him and paid him especial attention. He secured for him the post of resident physician and library custodian to the Governor of Transylvania, through which he was able to support himself and at the same time pursue his studies. He took his M. D. degree in 1779, at Erlangen, where the fee was lower, and then returned to his old home for a short residence. He soon went to Dessau, and in 1781, to Gommern,

two years later marrying Henrietta Kuckler, removing to Dresden, where he practiced about six years and made good use of the electoral library.

It has been well said that "if a man would inaugurate a new and better era in any department of human affairs it is first of all necessary that he should master what there is good in the old, for he comes not to destroy but fulfill." So Hahnemann, long before he commenced the work by which he is now almost exclusively known, had made himself in all the branches of his art, and even in those which are now regarded as subsidiary branches, not merely proficient, but one of the first authorities of his time. There is abundant testimony of the truth of this statement, but not time now to introduce it here. Chemistry owes to Hahnemann's genius, among other things, the discovery of the best test for metals in solution; and the old apothecaries possessed in his *Pharmaceutical Dictionary*—a work of immense labor, learning and research, which took him years to complete—their most valuable and most indispensable friend. And Pharmacy should remember that it was Hahnemann who introduced the form of medicine which enables it to save and preserve the juice of fresh plants in its original form. His early writings prove him to have been far in advance of the men of his day, and his learning in all that concerned his art was unrivalled. No writer of eminence, living or dead, escaped his wide reading and scholarship (eight of the languages in the original), while his wonderful memory retained for his use almost everything that he read. I am not one of those who (and every homœopathic society has one or two of them) would arrogate to Hahnemann all there is in medicine and deny that there can be advance in or from him. Indeed, were Hahnemann alive now he would be an all-round, up-to-date man, keen to embrace every improvement after mature investigation, and be ready to contribute something new himself once in a while, as we must know on reading after his historians, for he was not a stationary engine, but a locomotive, ready for a trip across the continent. It must be remembered that what he accomplished was done without the finer instruments of precision with which we are so familiar. The practices of the "fashionable physicians" of the day he freely criticised, and in place of their violent measures he praised the virtues of pure water and fresh air in a way that would surprise those modern sanitarians who imagine that hygiene is a discovery of the latter half of the 19th century. In

1791 we find him bitterly inveighing against the extent to which the practices of blistering and bleeding were carried, and the next year he for the first time came into open conflict with his professional brethren by charging that Emperor Leopold II., of Austria, had been bled to death by them. From this time on he became the rancorous enemy of venesection, and eventually opened the eyes of the profession to the unscientific, even idiotic character of the practice. In this same year, 1792, he was the first to advocate kindness in the treatment of the insane.

We now come to his greater achievement, as described by Drs. Dudgeon and Ameke. But before he was ready to enter on the external conflict he must first feel the power of the darkness in his own soul and conquer it there. In spite of his great powers and high intelligence—nay, rather by very reason of them—the seemingly never-ending night of medicine oppressed him to the dust. Where smaller and less sensitive natures could live and move without discomfort a Hahnemann could not breathe. At last he could endure it no longer. He had reached, he thought, the “everlasting No” of medicine, and he gave up the practice in despair, removing from Dresden in 1789, going again to Leipsic, and there supporting himself and family by working as a literary hack, enduring the hardships of extreme poverty rather than continue to kill his fellow-creatures, as he felt he was doing, *secundum artem*, in accordance with the rules of his art. But illness in his own family recalled him to himself and to his God-appointed work. He felt, as he believed in the goodness of God, that there must be a real healing art, if only it could be found. This was the darkest hour before the brilliant dawn. He was now, in 1790, engaged in translating Cullen’s work on *Materia Medica* from English into German for the use of students at the university; and when he reached that part of the work which deals with Peruvian bark he was dissatisfied with the attempt Cullen made to explain the curative action of the drug in ague. It occurred to Hahnemann that if he were to try the effect of the drug upon himself in health he might obtain some information as to the method of its action in disease. He therefore took a good sized dose of the powdered bark. In a short time he was seized with an attack of chills and fever indistinguishable from a fit of ague. Thinking this might be a genuine attack of ague rather than the result of the dose, he repeated the experiment after awhile, but the same results followed. He had now no longer any doubt.

Bark cured ague, and bark could also cause in the healthy not ague, but the very counterpart of ague. This was the first ray of light which heralded the coming dawn, and with the breaking in of light upon his own mind Hahnemann was restored to life and hope. Further experiments on himself with other drugs proved that this was no isolated experience, but an instance of a general rule, a law of nature—that there was a definite relation between the action of a drug on the healthy and its action on the sick, and that by knowing the one the other might with certainty be predicted. This proposition has never been shaken. Denied it has frequently been, misrepresented it still is, but disproved it cannot be.

But unlike certain modern discoverers who are eager to rush before the public with every idea which comes into their minds lest another should come before them and claim the priority, which is really not worth the claiming, Hahnemann took ample care to make sure his ground before he made any definite announcement. He worked upon his idea six years before publishing an article upon it. This appeared in *Hufeland's Journal*, the leading medical periodical of the day, in 1796, just 107 years ago. The principle of Homœopathy, the law of nature through which all drugs become remedies, *similia similibus curantur*—let likes be cured by likes—received its first exposition in this essay, which was entitled "Essay on a New Principle for Ascertaining the Curative Powers of Drugs, with a few glances at those hitherto employed." This may now be found in the work called "Lesser Writings," in which are collected into a book of eight hundred pages, many of Hahnemann's miscellaneous articles, published in New York in 1852, and occupies fifty-three pages. This essay bears to the practice of medicine much the same relation that Harvey's essay on "The Motion of the Heart" bears to physiology. It excited much comment on its appearance, but no one then suspected it of being heretical, while its great originality and power were acknowledged on all hands. It was not until he had labored twenty-three years longer in developing his system, had collected around him an enthusiastic band of disciples, and had won the confidence of a large circle of patients that his medical brethren, and especially the apothecaries, became alive to the fancied dangerous nature of his teachings and practice, and put in operation against him the favorite engine of the Dark Ages, persecution. But the new light which had dawned in this way

upon Hahnemann's mind shed its rays before and after, illuminating and explaining much of the experience of the past, as well as indicating the path by which advance was to be made in the future. For all through the numberless old books he had consulted he had seen running the silver thread that drugs which had been administered in disease had removed conditions the like of which they were capable of causing. After analyzing the various methods and attempts to ascertain the best means of using drugs in the battle against disease, and discarding them all, he says: "*Nothing then remains but to test on the human body itself the medicines we wish to investigate.*" Obviously it is no time when a man is sick to use him as an experimenter in drugs, though sad to relate, much of that very kind of work is done to this very day. So Hahnemann hit upon the plan of trying the drug upon the well, recording the symptoms produced, and when he met a case of sickness endeavored to meet it with that drug which produced in the well person symptoms most nearly corresponding with those displayed by the sick person. His first experiment, as we have seen, was with the Peruvian bark, used against ague, and when he found it to work well he applied the rule to every case he could, using other remedies, this necessitating a great deal of experimenting upon his own person with various drugs to discover their inherent physiological properties as symptom causers.

There is not time now to quote at great length from this earliest exposition of Homœopathy, but a little must be given as follows: He says: "Every powerful medicinal substance produces in the human body a peculiar kind of disease; the more powerful the medicine, the more peculiar, marked and violent the disease. We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the disease we wish to cure that medicine which is able to produce another very similar artificial disease, and the former will be cured; *similia similibus*. We only require to know, on the one hand, the diseases of the human frame accurately in their essential characteristics and their accidental complications; and, on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, etc., and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease we shall be able to cure the most obstinate diseases."

Hahnemann had now his foot upon the *solid ground of fact*. The weakness of all previous systems of treatment lay in their having been founded on the quicksands of *theory*. Theory is all very well in its way. Prof. Huxley tells us that "it is better to have a wrong theory than none at all; for, if there is a theory, facts, or supposed facts, will be collected and built around the theory, and after a while the *truth* is found out." But between fact and theory there is a *vast difference*. Facts relate to demonstrated results, theories to expected happenings; facts mean something, theories expect something; and facts are incontrovertible, while theories are fallible. When this essay was published Hahnemann, then nearly forty-two years old, was a physician of the highest standing and repute, with none to question the fact. A physician who knows nothing but drugs is, properly speaking, no physician at all, but a physician who does not know how to use drugs is a man without his right hand, and many of this kind there are, who, though well posted in the literature, general as well as medical, never made a good prescription, unless possibly by accident—at least, I have frequently heard this opinion so expressed, and do not here advance it as my own. But Hahnemann was no one-sided enthusiast, but was an accomplished physician in all other matters apart from his knowledge of drugs and his skill in the use of them, and he was thus in every way qualified to lead the reform in the most important of all the divisions of the doctors' art, the treatment of the sick by drugs. For the question of drug-action it was that barred the way of all progress, and so long as the existing destructive practice of drug administration remained unreformed, so long as the absurd theories and the high-sounding, delusive terms in which they were embodied held dominion over the physicians' minds, the inauguration of a better era was impossible. But now that the light had come to him Hahnemann was fully equipped and ready to enter on his life's great work, for which all before had been only a preparation. Others may have felt the defects and seen the imperfections, but until he came there was none who saw a way out of the darkness, none who were able to gather up the good and show how it might be recognized and distinguished from the mass of the bad. He was the *first great thinker in the ranks of medicine* who had been able to do any thinking which was to be of any real and permanent advantage to the profession. He alone possessed the genius, talent, learning, faith and fortitude needed to withstand

all the powers arrayed against him, to lead all those who would follow him into a region of light, and to compel all those who refused to follow to at least cease to do evil if they would not learn to do well.

His work was of a three-fold kind. He had first to clear the ground of the rubbish of ages, taking care to preserve everything of value that lay concealed among the heaps; he had to build a new edifice on the ground he cleared; and all the time he had to defend his work and himself against the attacks of his numberless foes, the blind lovers of darkness, the Pharisaic sticklers for the old order, right or wrong. For, just as there were those in the days of Plato who would rather be in error with him than be right with any less authority, and as, in Harvey's time, almost all his professional brethren declared that they would rather be wrong with Galen than be "circulators" with Harvey, so at the beginning of the boasted nineteenth century the medical profession was almost unanimous in preferring to stay with Galen *secundum artem*, according to the most approved rules of their art, than to heal with the revolutionary and iconoclastic Hahnemann.

But Hahnemann did not spend all his powers in fighting the abuses of his time. In 1797, the year following his essay on the New Principle, he had another notable paper in *Hufeland's Journal*, entitled "Are the Obstacles to Certainty and Simplicity in Practical Medicine Insurmountable?" This is also in the work "Lesser Writings" previously mentioned. He then went on, all the while assiduously working out his idea, proving medicines on his own body and on those followers he could prevail upon to assist him, and building up his system on the solid ground of observed results, until finally, in 1810, he was able to publish the great work by which he is generally known, the *Organon*, in which the principles of Homœopathy are fully explained, a work without which, it is scarcely necessary to say, no medical library is complete.

In the following year, 1811, he applied to the University of Leipsic for permission to teach medicine under its authority. The Senate of the University were not very well disposed to entertain his request, but said that if he would write a thesis and defend it before them his request should be granted. He complied, sending in his "Helleborism of the Ancients" (also in the "Lesser Writings"), a work of such extreme merit that his censors could not find in it a single fault, and he was at once granted the license

to teach. He taught and practiced thus for eight years, aided by an enthusiastic band of disciples. But he incurred the jealousy of his professional brethren by his success and the hatred of the apothecaries, because he used but one remedy in a prescription and after a while not much of that. They passed or unearched a law that no physician could dispense his own medicines and then banded together in refusing to dispense his medicines. When he attempted to dispense his medicines they had him arrested. He made an able defense, but it availed him nothing, and he was sentenced to banishment, leaving Leipsic in 1820, at the age of sixty-five, with his wife and four children, a martyr-like victim of one of the blackest injustices in the world's history. It is consoling to know that some years after, the Saxon ambassador at Paris (where Hahnemann then lived) presented him with the freedom of his native town, and that in the very Leipsic, whence he was so cruelly banished, there now stands a beautiful marble statue of him inscribed "In grateful recognition of his immortal teachings and of his invaluable services in medicine."

After his banishment, after enduring painful wanderings from place to place, the Duke of Anhalt-Köthen invited him to come to him, which he did in 1821, remaining at Cœthen fourteen years, where he was frequently consulted by his followers in other Kingdoms, notably during the great Austrian cholera invasion of 1831. Cholera was a new disease and physicians did not know how to treat it. Hahnemann indicated by letter what the remedies would be, though he had not seen a case of cholera, and to this day his treatment has not been improved upon. And because of the great work done by Homœopathy in this fearful epidemic of cholera all interdiction against its practice was removed by special order of the rulers.

They wished Hahnemann to return, but he felt called to Paris, going there in 1835. He had borne all his trials and tribulations with more than a Spartan's philosophic fortitude, saying in 1828, "I care nothing for the ingratitude and persecutions which have pursued me on my wearisome pilgrimage; the great objects I have pursued have prevented my life from being joyless. The satisfaction I have derived from this mode of treatment I would not exchange for the most coveted of earthly possessions." He acquired an immense practice in Paris, and his fame as a healer has never been excelled.

Among the other great works of his pen, his "Materia Medica

Pura<sup>11</sup> and his "Chronic Diseases" should be mentioned. Nowadays a System of Medicine, as some works are called, are obsolete in a decade, or at least have to be rewritten, but this is not so with Hahnemann's major works. They are in greater demand right now than they ever were, and this is not because they are curiosities, but because of their surpassing merit. Our shortcomings as physicians may be often traced to the fact that we either have not studied the works of the Great Master closely enough or not properly followed the precept so clearly laid down therein. I am not one of those who believe that therapeutic progress ceased with Hahnemann; indeed, had he lived a decade longer, retaining his powers, even he would have made great advances, as he was always learning, always ready to accept improvements.

Hahnemann lived in Paris-eight years, dying in 1843 at the ripe age of eighty-eight, heroic to the last. When on his deathbed some one remarked that Providence owed exemption from suffering to him who had already suffered so much in his efforts to relieve others, he replied with all his old fire: "Why should I expect exemption from suffering? Everyone in this world works according to the gifts and powers which he has received from Providence, and *more* or *less* are words used only before the judgment-seat of man, not before that of Providence. Providence owes me nothing, I owe it much—yea, everything."

In conclusion, the prophecy made by Hahnemann as early as 1815 is interesting as showing his serene and unbounded faith in his beloved system of medicine, which his historian, Ameke, pronounces "one of the most stupendous discoveries ever brought to light by human research" This is his prophecy:

"Our art requires no political lever, no wordly decorations, in order to become something. It grows gradually, at first unrecognized, surrounded as it is by all manner of weeds which luxuriate around it, from an insignificant acorn to a sapling; soon its summit will overtop the rank weeds. Patience! it is striking its roots deep into the earth; it is increasing in strength imperceptibly, but all the more surely, and will in its own time grow into an oak of God, which, no longer to be shaken by storms, spreads out its branches into all regions that suffering mankind may be healed under its beneficent shade."

But great as the work of Hahnemann is, and great as is the revolution in medicine he has brought about the revolution is not

yet complete. It is true that in the United States there are nearly 20,000 physicians who are openly practicing Homœopathy. So none need be ashamed to embrace it, especially when I tell you that every cure effected by medicine, by whomsoever administered, and in whatsoever size of dose, is certainly effected by virtue of the homœopathic law of cure laid down by Hahnemann. That is the immutable law of nature, under which every drug becomes a remedy, and it makes no difference who administers it. The American Institute statistics show that there are in the United States twenty homœopathic colleges, seven national homœopathic societies, one inter-state, thirty-three state, one hundred and twenty local, fifty-nine general hospitals, seventy-one special hospitals, sixty-seven dispensaries and thirty-four journals, which every year publish 29,000 pages of scholarly literature. And all medical colleges, of whatever school, who are endeavoring to allay the cravings of their famishing pupils, are fain to present them with a dish of crumbs swept up from under the homœopathic table provided by Hahnemann. As his heirs, much remains for us to accomplish. He has shown us the better way, it is for us to go forward. He was not perfect, as no man is perfect, and he made a few small mistakes, but the *great principle* he laid down and developed is a living truth, there is no mistake about that. We must develop our inheritance and defend it against all attacks, overt and covert, from whatever quarter, and ere long it will come about in medicine, as it did in religion, the stone which the builders rejected has become the head of the corner.

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### A FEW THOUGHTS ON "PROVINGS."

In the school known as Homœopathic it is too generally supposed that the essentials for making a "proving" are just a "remedy" and someone willing to swallow it. The results of this pleasantry abound in our serial literature: the cockles in the wheat!

Some forty years ago an ambitious and unusually ignorant country practitioner, having little to do and time hanging heavily on his hands, was tempted of the devil to make himself famous by his provings. He knew but little of botany, and still less of chemistry; and so it was that what to "prove" sorely posed him.

One night his lamp smoked—it was the falling apple to our rural Newton! He instantly procured a dinner plate, turned up the wick of his lamp higher, held his plate just over the chimney, collected the soot and began to "decorate his interior."

*Facilis decensus*; and he descended from one "proving" to another, until in the fulness of time he died an "author," and his "works" enter into the making of other "authors"—*a la* the scissors and pastepot method!

But our rural Mithridates (for he persisted in making his "provings" until the repeated assaults upon his organism made him somewhat toxicophagus) had, still, the prime essentials of the prover—*zeal*. But zeal alone will not suffice. The Austrian surgeon, Nenning, had plenty of *that*, as the petticoated apprentices in his wife's millinery mill found to their misery—their vicarious misery. (Let us piously hope they were "made perfect through suffering," for it was not their fault if they were not.)

But our rural prover has left a valuable lesson for the observing student of pathogenesis, namely, the influence of idiosyncrasy, or, as it has been aptly termed, the "personal equation." This element is sometimes psychical in its nature, and sometimes physical. For instance, in the Hahnemannian pathogeneses, Langhammer's mental symptoms are idiosyncratic rather than characteristic of the drug proven. Life was far from being a *fête champêtre* to poor Langhammer; there was little of golden sunshine on his pathway; in spirit he discerned and in body he felt only the seamy side; he never sang "Gloria in excelsis," but sighed one life-long "De Profundis."

Into this element of the prover's personality what is called *Temperament* enters, and close observation of one's habitual selfhood is an imperative duty of the prover; it should also be the duty of the conductor of any pathogenetic experimentation to inform himself of the psychical habitudes of the provers under observation. For instance, "An irresistible inclination to curse and swear" in a first-class Y. M. C. A. member might safely be ascribed to *Anacardium*; but what if a Bowery boy was the prover of the decalogue-defying drug?

Undoubtedly the physical element of the prover's personality is the more easily distinguishable. Of course the "perfectly healthy" prover is a myth of the imagination; we have to deal largely with the passably healthy. We must, then, closely consider the personal aptitudes. An atra-bilious subject will respond

to the hæmorrhoidal congestion induced by *Æsculus* more readily than will one of the nervous-sanguine type.

In the zealous prover already mentioned the almost uniformity of the headache following the ingestion of each separate remedy soon made Blank's "headache" a matter for ridicule. Any feature of striking parity occurring in "provings" with different drugs demands the closest scrutiny. But enough has been advanced to show that making a proving *in modo Hahnemanni* is not a stalking-horse for vain ambition or a pastime for the occupation of an idle hour.

Another delusion of the school known as Homœopathic is that a "proving" can be purchased by the award of a trinket. A bribe is not less a bribe although it be proffered in the name of Science; and the stuff thus secured should be subjected to the closest scrutiny when the *bribee* brings in his returns.

More than all, the briber, be he professor or practitioner, should at least be competent to pass judgment upon the pathogenetic probability of the "symptoms" ascribed to the agent proven. This necessitates a knowledge of physiology and of pathology that is not unfortunately always found where it should be expected. For instance, *frequent watery stools and profuse urination* can occur only in a so-called "proving." Physiology should be made to correct or to cast doubt upon pathogenetic discrepancies; but how often is it done?

Once upon a time a report of certain experiments was challenged for its verity because of the astounding discrepancies recorded between the pulsations and the respirations. The matter was referred to two professors of a medical college that is presumedly *au fait*. One of these frankly acknowledged his incompetence, and the other didn't—although it was too apparent. By a feat of jugglery known only to adepts, they manipulated the report so as to make the discrepancies appear a merely clerical error. "A fellow feeling makes one wondrous kind."

A cunning knave can play his nefarious game as successfully as did Fickel, the forger, whose inventions deceived a Hering, but not a Hartlaub; and the pity of it is that for one Hartlaub there are a hundred Herings—to whose mill *all that came was wheat*.

Dream not that this writer would asperse the memory of that Coryphæus, who has not, alas, left his like among us. Hering, in his simple sincerity, held every one to be as truthful as himself, and as they came "bringing their sheaves with them" he beamed

with unquestioning, I should rather say, unsuspecting, benignity—and *accepted whatsoever they brought.*

Perhaps it was Hahnemann himself who set Hering the example of this pernicious *pica* for “symptoms,” for even Hahnemann himself has recorded symptoms that stagger his most devoted disciples. Look, for instance, at S. 1637 in the *Encyclopædia of Materia Medica*: “Falls asleep during,” etc., *sub voce, Lycopod.*

Alas, with all my loyalty, which I trust is genuine, I positively can not take *that* dose! If it had been “Falls asleep during the sermon” or “Falls asleep during the collection after the sermon,” all were well, but to fall asleep then! *Non posumus!*

You may talk about the “phlegm” of the Teuton and all that, but there are some performances that can’t be “postponed on account of the weather.”

Surely, Hahnemann must have dreamed that he had forgotten to wind up the clock, and dreamed as vividly as did Origen, who believed that the devil followed him into the desert wilds, whereunto the anchorite had fled to escape from his Satanic wiles.

Yes, yes; Hahnemann just dreamed that flesh-and-blood, physiological impossibility, and that’s all of mystery there is in the record as it stands.

Meanwhile, provers and provings should be scrutinized.  
Q. E. D.

*August 17th.*

S. A. J.

## POLYGONUM FLACCIDUM OR PANEE MARICH.

In the *Clinical Reporter* for July is a letter from Dr. H. C. Neogy, of Calcutta, which makes mention of this prospective “new remedy” under the name *Panmarich*, and recommends it with no unstinted praise for the treatment of diphtheria.

The Doctor’s letter is so suggestive that I shall transcribe a portion of it for the readers of the RECORDER.

“*Panmarich.* This plant is found in all parts of India. It grows abundantly during the winter and in the rainy season it withers. It is called, in Sanscrit, *Bishnasaka* (poison killer), and in Hindi, *Bishnayer*, most probably a corruption of the Sanscrit name. In Bengalee it is called *Panmarich*, probably because it smells like *Pan* (Betel) and tastes like *Marich* (black pepper).”

“From a very remote time it has been used as an empirical medicine in India. It has been found that enlargement of the spleen, which is very difficult to cure with any remedy, may be thoroughly cured in a week by administering the juice of the leaves of this plant, one drachm every morning. A sloughing and indolent ulcer may be cured by the application of the paste procured by pounding the leaves on a stone. By the injecting of the juice of this plant sinuses may be healed, although at first there is a little inflammation. In acute orchitis the inflammation and the pain are instantly relieved by applying on (*sic*) the testicle a vapour bath and this plant.

“From long experience and repeated experiments I have come to the conclusion that it is an infallible remedy for diphtheria. \* \* \* I treated about one hundred cases of diphtheria and I was successful in all except two. The patients, two cases, came to me at the last moment, hence the failure.”

So far Dr. Neogy, whose testimony the reader will take for whatever he may deem it worth. I am free to avow that the pronouncement “infallible” makes me pause; at the same time it must be remembered that the experience of a physician in the torrid zone must not be condemned by one whose experience has been gathered in a temperate one. Hippocrates’, *De Loci*, will keep him from making rash conclusions.

As the RECORDER is “devoted to the introduction of new remedies,” Dr. Neogy’s letter set me to looking up this “new remedy.”

I find a brief mention of this “*Panmarich*” in O’Shaughnessy’s Bengal Dispensatory, published by order of the Bengal Government in 1842. According to Roxburgh, there are fifteen species of *Polygonum*. “His *Polygonum lanatum*, common around Calcutta, is called *Swet panee marich*, or white water pepper. *Polygonum pilosum* (*Burra panee marich*), or great water pepper, is also common near Calcutta, and flowers at the beginning of the wet season. *Polygonum flaccidum* is also called *Panee marich* in Calcutta.”

It is presumable that Dr. Neogy refers to the species *Polygonum flaccidum*, and it is to be hoped that Messrs. Boericke & Tafel will commission some of our East Indian homœopathic physicians to determine definitely the particular species meant by what Dr. Neogy calls “Panmarich,” and that we may have some of the tincture for pathogenetic investigation.

The attempt to estimate the therapeutic value of any plant by its botanical relationship is apt to lead one into a bog. During the War of the Rebellion Mike Flynn enlisted in the twenty-first New Jersey Regiment so as to be near his brother, who was a high private in the Twentieth; to his unutterable disgust the numerical contiguity did not enable the desired meeting with Patrick Flynn. It would be as futile a venture to attempt to draw conclusions concerning *Polygonum flaccidum* from the pathogenesis of *Polygonum hydropiper* (L.), which the reader may find in *Allen's Encyclopædia*, vol. viii, page 136, *et seq*, but he can at least infer that *Panee marich* has some interesting suggestions: sufficiently so to justify a careful proving. An hour or so spent over the pages of the old herbals suffices to show that all the species of the genus to which *Panee marich* belongs are noteworthy.

I never open the pages of the old books without becoming amazed at the riches of the empiricism hidden therein; perhaps my meaning will be clearer if I write it, the rich *suggestiveness* of the empirical hints abounding therein. For instance, Dr. Neogy calls attention to the usefulness of *P. flaccidum* in *enlargement of the spleen*. Well, four centuries before Dr. Neogy appeared on this planet, Rembertus Dodonæus wrote of the virtues of another Polygonum (*P. hydropiper*): "Water Peper is hoate and drie in the third degree. The leaues and seede of water Pepper, or Curiage, doth *waste and consume colde swellings and old hardnes*, also it *disolueth and scattereth congeled or clotted blood that cometh of strypes and bruses*, being laid thereto."

An hypertrophied spleen is a fine instance of what these old writers mean by "colde swelling." It is, then, significant that there is a consensus between practitioners so far apart as old Dodonæus in Holland and Dr. Neogy in India. This ancient testimony gives color to the latter-day testimony to the virtues of this family of plants. The agent that can reduce a swollen spleen must do its work in and through the vaso-motor nerves; these control the conduits of nutrition, and the sphere of the usefulness of such potentialities must forever be worthy of the most studious investigation.

August 6th.

S. A. J.

## THE NEW (?) CURE FOR HAY FEVER.

By Perry Dickie, M. D.

What we learn from the scattered and unsatisfactory reports that have appeared from time to time in our old school journals during the last few months in regard to Dunbar's hay fever anti-toxine would lead us to infer that our old school brethren are again trying to "beat the devil around the bush" and build another wonderful discovery out of homœopathic material.

The fact that hay fever is caused by vegetable pollen as the irritant was demonstrated to the medical profession by Blackley in 1866—a homœopath, to the chagrin and sorrow of our old school brethren—and between this period and 1878 he made his valuable experiments and discoveries tending to prove the validity of this theory.

This new(?) method of Dunbar is claimed by Semon, of London, to be not a panacea, although in some it gave relief or postponed the attack, neither did it relieve the asthmatic symptoms, and besides in the same individual its beneficial action varied at different periods. For which reason he comes to the conclusion "that the main efficacy of the serum seems to lie in the direction of postponing for several hours the occurrence of the attack;" besides this he thinks "it will be a valuable addition to the present means of combatting hay fever."

Surely the various preparations of suprarenal capsule can do all this without any of the doubts as to the results attending this process. Still in this agent while we have a valuable palliative it is by no means curative.

Another case is reported where the individual did not obtain any appreciable relief except during rainy or damp weather; a very likely happening as the pollen does not float in the air except in dry weather.

Certainly this treatment does not seem to give the results that were obtained by one of our New York specialists a few years ago with the tincture of *Ambrosia artemesiæfolia*—another direct emanation from Homœopathy by the way—but which for some unaccountable reason has been dropped from the old school domain of therapeutics. Probably on account of its pedigree and also as we use it in our school with marked success.

The chief obstacle in the treatment of hay fever appears to the writer a neglect in the proper diagnosis of this condition, a habit we have of calling every attack of rhinitis, with sneezing and discharge of water from the nose and eyes, hay fever. When we will confine this term to a form of rhinitis caused only by the action of vegetable pollen on the respiratory mucous surfaces, and to which various individuals are susceptible according to the different varieties of plant, then can we understandingly accomplish something towards its relief and cure.

But the writer believes—as stated in his recent work on hay fever—that an exceedingly small number of these cases are due exclusively to the action of pollen, but rather from a condition of reflex nasal neuroses, inasmuch as in a large number of these individuals so many other irritants, including pollen, are capable of setting up this condition at different times. In these same persons we may remove spurs and turbinals, as well as dose them with everything under the sun, but until the predisposing and underlying condition that causes this irritability of the nasal mucous membrane is checked and removed we will be unable to cure our patient.

However, certain measures may be the means of obtaining more or less occasional relief in some individuals, to effect a cure by such methods is an absolute impossibility.

17 Schermerhorn St., Brooklyn, N. Y.

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### A ROUGH NOTE ON THYMUS SERPYLLUM.

*My Dear Anshutz:*—I don't like to call you down from the serene altitude of the editorial perch, but necessity knows no law and you're in for it.

What on earth do you mean by "this most ancient remedy, for some unknown reason, has escaped our provers?"

"Escaped our provers," indeed! Bless your soul, it has been "proved" (by "olfaction") since our first parents snuffed its fragrance in the breezes of the beautiful garden wherein they held their honeymoon! It was in the "stuffin'" of the kid with which Jacob tickled Abraham's tripe and did his brother out of his inheritance—and it has entered into the *stuffing* of every goose since. "Escaped our provers?"—tell that to the marines! As if anything could "escape our provers" since the organization of the *Alpha Sigma* fraternity!

There are some things that can't be escaped: Our provers, the shears of Atropos, and the editorial scissors of the *Medical Century*. It will pay you to make a note of this for future reference. Pin it in your hat, too, so as to have it on hand when needed.

But you had the hardihood to ask, "Any of the RECORDER'S readers know anything about this most ancient remedy?" I would like to impress upon your mind the fact that what the readers of the RECORDER don't know has but an infinitesimal value. Pin that in your hat also, and "don't you forget it!"

I, too, "have been a subscriber to the RECORDER (Genus, *Homo*; Species, *Caput mortuum*) for a number of years," and I take a profound interest in "L. A. G." as a fellow-Recorderian, and as the pharmacies have slammed the door in his face I shall give him a little of my "time." (But I must ask "L. A. G." to avoid such barbarisms as "nerve system," and to go to a pharmacopœia rather than a pharmacy for "information.")

\*                     \*                     \*                     \*                     \*

There was once a physician who had a monopoly as "immense" in its day as that with which the dear old devil is deluding the Rockefeller family. It was all the "practice" there was to be had in one little island that nestled on the bosom of the Mediterranean sea. He was like the late Mr. Alexander Selkirk—

"From the centre all round to the sea  
He was lord of the fowl and the brute."

(As regards the *fowls*, I wish to say that I am speaking paregorically.)

*Thyme* grew abundantly on that island, but the doctor had more time on his hands than there was on the island. What do you suppose he did—hitch up his buggy and drive around like mad after an imaginary patient, as here and there some physicians have been known to do? Not a bit of it! He wasn't built that way. He felt in his bones that he must be doing something or else the dear old industrious devil would be getting in his work; so he bethought himself and concluded to prepare a compendium of all that was then known of medicine and surgery—not so amazing an undertaking in those days for books were few. Some Arabian writers, some Greek, some Roman, and these the good doctor got together and bought his parchment and began his *libellus*—the blue waves of the Mediterranean lapping the sands of the little island as he wrote, soothed by the ceaseless psalm of the sea. Fancy him there, sitting in the shade of an olive tree,

fanned by every breeze that stole from the crested waves to toy with the fluttering leaves of his books. Ah, how the times and the manners of men have changed, for now the doctor, if he have a breathing spell, is seriously considering whether he shall invest his savings in a compound-tablet pharmaceutical company or in a gold mine which is almost as mythical. Yes, yes; the times have changed—and so have the physicians!

What do you suppose the propitious gods did for the old doctor's compendium? Why, they took it into their especial keeping. The Goths ravaged Rome, the Lamp of Learning was extinguished and the Dark Ages enveloped Europe in gloom. The writings of many and many a worthy perished, swallowed up in oblivion.

And to-day all we know of *them* is from the island physician's compendium. *Laborare est orare!* True to the end of Time—To labor is to pray; for Work, honest, earnest, death-defying Work is the only prayer to which the gods give ear.

My dear (or devilish) reader, this is not an idle romance; only for this Paul of Ægina many and many an ancient medical worthy's life-work had been to us utterly unknown; the authors had in very truth died and left no sign.

And now let us see how well the old Æginian physician did his work, for he, too, is one who "buildd better than he knew "

\*                     \*                     \*                     \*                     \*

"THYMUS, Thyme, heats and dries in the third degree. It also incides viscid and thick humours."

Had "L. A. G." dropped in at a pharmacy in the year 700, A. C., this is the sum and substance of all that the complacent pestle-pounder could have told him about *Thymus vulgaris* or *Thymus serpyllum*; but Paulus Ægineta had boiled the sap of many writers to give that little concerning Thyme.

But, bless you, Paul of Ægina was not the only scholar that could give his time to useful work. Twelve hundred years after Paulus had turned in for a good long sleep there was a country doctor in a little village in Scotland who translated the Compendium of his learned predecessor and enriched it with a commentary that shall make the memory of *Francis Adams, of Banchory*, shine like a saint's aureole. Let me present his

"COMMENTARY. We have little hesitation in describing it to be the *Thymus vulgaris* Dioscorides states that thyme is expectorant, diuretic, emmenagogue, and discutient; and all authorities, down even to modern times, confirm this character of it.

“Galen says it is to be placed in the third order of dessicants and calefacients. He recommends it as being diuretic and emmenagogue, and says that it destroys the fœtus in utero, clears out the viscera, and is useful in discharges from the chest and lungs.

“Oribasius gives it the same character. Aëtius, from personal experience, as he says, writes of its virtues more elaborately than any other ancient author. Thus he gives a prescription for a draught composed of oxymel and finely powdered thyme, which he says proves beneficial in arthritic diseases by purging bile and the acrid humours, both by the belly and by the bladder. He recommends similar compositions in sciatica, pleuritic pains, meteorism of the hypochondria, and tympanitis. He prescribes, in like manner, thyme and oxymel to melancholic persons, to those disordered in mind, and possessed with morbid apprehension; and in gout, when given with diluted wine. He also recommends it to be given in swellings of the testicles, to the patient fasting, in undiluted wine.

“The Arabians write fully on this head, but borrow most all the information from Dioscorides and Galen, and make no reference to Aëtius. See in particular Avicenna (ii, 2, 328), and Serapion (De Simpl. 281).

“They all agree in giving it the character of being diuretic, emmenagogue, anthelmintic, and phlegmagogue.”

(“The Arabians write fully, but *borrow* almost all their information.” Have we any Arabians among us? Don't all speak at once !)

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Perhaps it is well that “this most ancient remedy has escaped our proverbs.” Swelled testicles are indeed a painful price to pay for a category of “symptoms,” and all *Alpha Sigs* will do well to avoid Thyme. However, I have done my Christian duty in writing this caveat.

Has my reader observed that Dr. Francis Adams ransacked the writings of Arabian, Grecian and Roman physicians, and noted this to admire the range of *his* scholarship? Has it occurred to the same reader that one *Dr. Samuel Hahnemann* was fully as accomplished a linguist; that he too read Oribasius and Haly Abbas and Rhases as well as Hippocrates and Dioscorides, Celsus and Galen, *et id omne genus*? And yet the “scientific” chitterlings of to-day affect to despise HIM! He who can stand side by side

with the proudest of their great ones, and neither Arabian, Persian, Greek or Roman will seek to shun his companionship. Paste that in your hats, you invertebrates who are pining for affiliation with those who deem YOU illegitimate until you are born again.

*July 18th.*

S. A. J.

(This is enough for the present, but when the mercury drops to a proper distance I will give the RECORDER an empirical history of Thymus, for there are fruitful hints therein which Homœopathy can utilize as other fellows can NOT.)

### AN OPENING IN A FOREIGN COUNTRY.

The following letter speaks for itself:

BELIZE, BRITISH HONDURAS, Aug. 5, 1903.

MESSRS. BOERICKE & TAFEL.

*Gentlemen:* There are no homœopathic physicians in this town, nor in Spanish Honduras, and I think that for a bright young man a great opportunity is offered here, and I would advise the establishing of a homœopathic drug store by such a young man, and I feel confident that inside of two years he would have a better paying practice here than would be possible for him to establish in the States in twenty years.

Wili gladly give to any young man, who wishes to come here, any information he may want, either by letter from here or verbally when I come home.

Yours truly,

GEO. J. RUPPRECHT,  
Puerto Cortez, Honduras.

Care of American Consul.

### SMALL-POX STATISTICS.

To the Editor of the HOMŒOPATHIC RECORDER.

Obliged to go into "Villagatura" because of breakdown from over-work, I have brought with me a lot of medical journals to read as a sort of relief.

On page 333 of your issue for July 15, you quote from the *Medical Recorder*, certain misleading statistics as to small-pox,

and as they are of a character constantly being reproduced, although their erroneous character is being continually exposed, it will probably interest your readers to know the truth with regard to them.

In giving the statistics of small-pox it is said: "The statistical table shows that of 1,282 vaccinated cases of all ages and degrees of vaccination, 127 died or barely 10 per cent., of 307 unvaccinated cases 119 died or over 38 per cent."

Now it has been proved *ad nauseam*, that in pre-vaccination days, when all were unvaccinated, 10 to 18 per cent. died; (in private practice not more than 2 to 3 per cent.) if then 38 per cent. now died, deduct 18 from 38 and let the pro-vaccinists tell WHO KILL THE 20 PER CENT. ?

Unfortunately these so-called statistics are wholly unreliable as regards "state as to vaccination."

In the first place there are included in the list, all who die under the vaccination age of six months; (it used to be four in England) these of course should be either wholly excluded or compared with infants of the same age among the vaccinated, when the difference will be found in favor of the unvaccinated, as common sense and the merest smattering of biology and pathology ought to lead one to expect.

Next, a large proportion of those who die from small-pox differ from the confluent form in which case, the vaccinal scars are generally obscured; and in such case, in spite of the fact that by a reference to the vaccination registers, the true "state as to vaccination" could be clearly ascertained, the patient is nearly always put down as "unvaccinated." But when such confluent case *recovers*, the vaccination marks become visible, and the patient is removed from the unvaccinated to the vaccinated and is said to have been "saved by vaccination." Then too some deaths of vaccinated persons are put down to chicken-pox, for many an M. D. when he comes to a vaccinated small-pox patient honestly, (though ignorantly) believes that "it can't be small-pox because he was vaccinated," and down goes the case as chicken-pox; but as an honest Registrar-general said in his report: "These should be classed as small-pox, for chicken-pox never kills."

The classing of the vaccinated as unvaccinated in England is of constant occurrence, and as if to render the detection they are more difficult than ever, the present Registrar-general has lately altered the regulations of his office, in spite of and some think

because of the fact that the records of the Metropolitan Asylums Board of London, and as a consequence thereof the returns of the Registrar-general were, so recently as April, 1902, CONVICTED of a glaring falsification of this character in the case of one George William Reddall, born March, 1894, successfully vaccinated July of that year, as officially recorded by the vaccination officer for the Bow district, (London); died of small-pox at the Metropolitan Asylum's Hospital ship, December 2, 1901, and by that Hospital's report recorded as unvaccinated.

Finally it is to be borne in mind that the "unvaccinated" includes all those children whose vaccination is postponed because ill-health—of the children of tramps who are lost sight of—and of tramps and others of the poorest classes who readily fall victims to the "beggars' disease."

I trust this exposition will prove of interest to your readers—and instructive too in the interest of the public health.

— Respectfully,

LEVERSON.

No. 81 Lafayette Ave., Brooklyn, N. Y.

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## HE OBJECTS.

Editor of the HOMŒOPATHIC RECORDER.

An appeal from Cæsar drunk to Cæsar sober.

On pages 333-4 of the July RECORDER is an abstract concerning the effects of *short* applications of heat in bringing about a reduction of temperature, regarding which the RECORDER says editorially: "Could you have a better illustration of the law? The *minimum* dose and the *similimum*."

Is there any clinical evidence that heat will cause a rise in the human temperature that is not superficial and purely mechanical? As exposure to cold can cause an elevation of temperature that is neither superficial nor mechanical, which is the most homœopathic, heat or cold, when used to reduce the temperature? What other analogy exists between an elevation of temperature and heat than a hot animal body on the one hand and hot water or air on the other? Where is the individualization in this reputed homœopathic procedure? And, finally, what constitutes the minimum dose, is it the quantity of heat applied, *i. e.*, the volume of water or air; the quality of the heat, *i. e.*, its temperature; or the duration of the application, or all combined?

How is this for a homœopathic cure for intermittent fever? Cold storage during the chill, hot air during the fever and the bath during the sweat.

“What fools these mortals be.”

BY ONE OF THEM.

(For all that, if a short application of artificial heat will reduce the heat of fever it seems to us that it is on the line of the homœopathic law.—Ed.)

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### HERBAL SIMPLES.

Editor of HOMŒOPATHIC RECORDER.

In July RECORDER, page 306, old subscriber wants to know something about *Thymus serpyllum*, but after quoting *Ecdectic* authors, the otherwise smart Editor confesses total ignorance and call upon his readers to furnish the knowledge. Go to—thou, go to—well go to Boericke & Tafel and get HERBAL SIMPLES, by W. T. Fernie, M. D., of which that firm published a second and much enlarged edition a few years ago. Beginning on page 560 and including 565 you will find out everything about Thyme that Virgil, Tournefort, Bacon, Rhenstone, Dioscorides, Gerald, Culpeper, Shakespeare and many others knew from Platearius and others in Greece and Rome, 500 or more years B. C. via Virgil, Horace, Galen, et sq. up to day before to-morrow.

There are lots of little branches of knowledge, hardly to be called sciences, that isn't exactly medicine, at least not “official U. S. P.,” but perhaps the hubskirts of science, the fingers of knowledge; if you had tons of it, it would not make a doctor of you nor anything else for that matter, but if you are a doctor how finely these little branches will round you out, make a larger, broader, higher scientist of you, and one of these little affairs is Fernie's HERBAL SIMPLES! I honestly wish it was in my power to allow every physician in the land to glance through that book nine out of ten would buy it and ten out of nine would be greatly benefitted in many ways. It is somewhat in *Materia Medica* what “The Physician Himself” is to our social training. It don't cost much—\$2.50—cheap for a book of about 650 pages and as answer to your July correspondent I move and second that you print the chapter on Thyme from Fernie with this letter. It will show doctors in general what sort of a book it is, and ought to sell thousands.

*New Sweden, Maine.*

“*The Country Doctor.*”

## ECHINACEA ANGUSTIFOLIA.

By D. T. Powelson, M. D.

Read at the Meeting of the Eclectic Medical Society, State of Pennsylvania.

Though now a well-known drug, echinacea stands peculiarly alone in being essentially a new remedy. Many remedies which have lately been introduced to the profession can be traced back for years and some of them for centuries as having occupied a place in the dispensatory, but we cannot find anything in ancient scientific works in regard to this species of echinacea, we have got to distinguish between echinacea purpurea or black sampson which grows in the eastern States from Pennsylvania west, and the echinacea angustifolia which is an entirely different plant found only in prairie regions and not occurring east of the prairie regions of Illinois and has never been used under the name of black sampson. There is no mention of it in medical literature preceding the papers of Drs. Meyer and King. The first notices concerning echinacea are from eclectic physicians, and the drug is, from start to finish, an eclectic medicine. That which grows in marshy places is of inferior quality. The plant blooms from June to August, it is sometimes known in Kansas as nigger-head, a name derived from the shape and somber hue of its fruiting head. The scientific appellations are derived from physical features of the plant, and are therefore descriptive. The generic term echinacea, is derived from the Greek echinor, meaning hedgehog or sea-urchin, referring to the spiny, hedgehog-like fruiting head; while the specific name angustifolia, comes from the two latin words, angustus (narrow) and folium (leaf), contrasting thereby this species with the other forms of echinacea, this being the narrow leaf species. The introduction of the remedy into professional practice is due conjointly to Dr. H. T. C. Meyer of Pawnee City, Neb., and the late Prof. John King. Dr. Meyer had been using it for sixteen years previous to reporting it to Dr. King, his claim for it was as an antispasmodic and an antidote for blood poisoning; among his claims for it was also its action as an antidote upon the poison of various insects, and particularly to that of the rattlesnake. Dr. Meyer stated that he even allowed a rattler to bite him after which he bathed the parts with some of the tincture, took a dram of it internally and laid down and slept, and upon waking all traces of the swelling had disappeared.

The following range of affections were those which Dr. Meyer claimed success for this remedy: Malarial fever, cholera morbus, cholera infantum, boils, and internal abscesses, typhoid fever, (internally and locally to abdomen); ulcerated sore throat, old ulcers, poisoning from rhus, erysipelas, carbuncles, bites and stings of bees, wasps, spiders, etc.; in nasal and pharyngeal catarrh, hemorrhoids, various headaches, acne, scrofulous ophthalmia, milk crust, scald head, and eczema; also colic in horses. Subsequent use of the drug has in a measure substantiated the seemingly incredulous claims of its introducers, for it will be observed that the most of the conditions were such as might be due to blood depravation or to noxious introduction from without the body; the very field in which echinacea is known to display its power. Prof. King's success with it in the following cases: naso-pharyngeal catarrh, in rheumatism (one case being of articular variety), cholera morbus and cholera infantum, chronic ulcers of the leg (one case of which was complicated with an eczematous eruption of years standing), also in painful chronic hemorrhoids, vaginal leucorrhœa with ulceration of the os uteri, poisoning from poison ivy, stings of wasps and bees with very extensive swelling, dyspepsia with pain and great distress, aggravated by partaking of food and long resisting treatment also yielded to it. Prof. I. G. M. Goss reports success with it in mad dog bites, chronic catarrh, chronic ulcers, gonorrhœa and syphilis. Dr. A. Parker, of Wilber, Neb., reports success with it in an apparently hopeless case of septicæmia. Under the old classification of remedies, echinacea would probably be classed as an antiseptic and alterative. Strictly speaking, it is practically impossible to classify an agent like echinacea by applying to it one or more words to indicate its virtues. The day is rapidly approaching when these qualifying terms will have no place in medicine, for they inadequately convey to our minds the therapeutic possibilities of our drugs, especially is this so with regard to such terms as alterative, stimulant, tonic, etc. If any single statement were to be made concerning the virtues of echinacea, it would read something like this: "A corrector of the depravation of the body fluids," and even this does not sufficiently cover the ground. Its extra-ordinary powers combining essentially that formerly included under the terms antiseptic, antifermentative, and antizymotic, is well shown in its power over changes produced in the fluid of the body, whether from internal causes or external introduc-

tions. The changes may be manifested in a disturbed balance of the fluids resulting in such tissue alterations as are exhibited in boils, carbuncles, abscesses or cellular glandular inflammation. They may be from the introduction of serpent or insect venom, or they may be due to such fearful poisons as give rise to malignant diphtheria, cerebro-spinal meningitis, or puerperal and other forms of septicæmia. Such changes, whether they be septic or devitalized morbid accumulations, or alterations in the fluids themselves, appear to have met their antagonist in echinacea, 'bad blood' so-called, asthenia, and adynamia, and particularly a tendency to malignancy in acute and subacute disorders, seem to be the special indications for the use of echinacea.—*The Eclectic Review.*

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### THE POTENCY QUESTION FROM THE ORIENTAL POINT OF VIEW.

Perhaps my gentle readers will pardon me with their usual generosity, if I venture to scratch up an old ulcer by trying to write upon the historical potency-question which has been already discussed threadbare in the pages of homœopathic periodicals. I now enter into this hotly contested field, not with an object to impart something new and original, but to add my humble quota of observations to the voluminous literature which bears upon the different aspects of that thrice told tale. Ever since our Master departed from this world enthusiastic controversy has been going on between those two divergent bodies of homœopathic practitioners, the Low-Dilutionists and the High-Dilutionists, though up to the present time no compromising settlement has been arrived at among the followers of those two methods. Each party consider themselves in the right course, and defend themselves with an ugly feeling of bitterness which should have better been avoided. Let me now quote a few observations of mine from my own practice and see how far it can shed some light on the old potency problem.

A few years ago I was treating a very dyspeptic young man for an obstinate vomiting. There were such marked symptoms of *Calcarea* constitution in that young patient that I decided at once to administer this medicine, which I immediately did in the thirtieth potency. For two days there was no improvement visible, but on

the third day I was requested to consult with Dr. Mohendra Lal Sarkar. Down came in the evening dear old Dr. Mohendra Lal, with his gray hairs and patriarchal appearance; we held our consultation in solemn conclave, and decided upon the same *Calcarea* as the right medicine for our patient. It was given, this time in the sixth dilution, and the patient was much better the next day. It fell to the lot of Dr. Sarkar to pocket all the glory of the success, leaving me, a poor junior, to fret and fume as much as I liked.

One day I was called hurriedly in the morning to see a rich patient of mine who was suffering for the previous two days from an agonizing toothache. He had used already all the painkillers and tooth-healers, of both European and Indian manufacturers, which the Calcutta market can supply to neurotic customers, but all to no effect. Making an examination of the case with as much promptness as possible, I found a good picture of *Mercurius solubilis*. Consequently I gave the medicine in the sixth dilution to be taken every fifteen minutes until relief; and I left the patient with instructions to take the thirtieth potency afterwards, if the lower dilution be found incapable of relieving the pain within a reasonable time. In the afternoon I was called again, and to my great disappointment saw the old man still suffering from terrible agony. Being rather perplexed I was thinking of other remedies, but the same familiar picture of *Mercurius* was so clear before my eyes that I made up my mind to give this drug another final trial. Forthwith I opened my medicine chest and dropped four globules of the two hundredth potency dry on his tongue. The drug acted miraculously this time. The patient got complete relief within about fifteen minutes after the administration of the medicine; and since then he has never had a relapse of the same trouble.

Once I was treating an elderly gentleman suffering from an enlarged spleen and chronic malarious fever, which he had contracted at Furriddpore, his own native place. The case presented distinct symptoms of *Nux vomica*, which I administered first of all in the two hundredth potency. The fever disappeared the next day, but appeared again in an irregular form. I repeated the dose, but the patient did not show signs of satisfactory improvement. In fact, the fever began to play goose with me. Then I descended from the Olympian heights of high potency and gave the sixth dilution to be taken twice daily. The subsequent result was quite satisfactory. The fever left the patient forever, and he began to improve in every way.

A budding young girl of about thirteen years, who was suffering under very peculiar circumstances, was placed under my treatment. She had high fever and a diffuse painful inflammation of all the pelvic organs, which originated from a forcible first coition by her tyrant husband. It was with the greatest difficulty that the latter fact could be eliminated from the patient's relations. Anyhow *Arnica* was found to be the simillimum of the case of the poor girl, which was then given in the thirtieth dilution every four hours. On the next day I was considerably disappointed when I saw the patient in the same dangerous condition. Making a hasty review of the case I decided to try our old friend *Arnica* again, rather hesitatingly, which I administered immediately in one dose of the two hundredth potency. The result was something marvellous. I shall never forget the happy and grateful countenance of the anxious father of the girl when he greeted me the next morning and reported that his daughter was three-fourths cured by my single dose.

Five or six years ago, in consultation with the lamented Dr. Brojendra Nath Banerji, I treated a lady of the climacteric age, who was suffering from a prolonged remittent fever. The last medicine which she received was *Lachesis*, which was first used in the thirtieth dilution, but to no purpose. One dose of *Lachesis* 200th rapidly brought her to the convalescent condition.

These are a few instances—and they may be multiplied *ad infinitum*—where we find some solution of the well-known potency problem. There cannot be any hard and fast rule by which we can stick to either the higher dilutions in the homœopathic treatment of all diseases. Both the classes of high-dilutionists and low-dilutionists are equally wrong in their universal use of one series of potency in every disorder. For my humble self, I am neither the one nor the other, and shall consider myself failing in duty towards my patients if I try to follow one of them with blind fanaticism. Innumerable cases are known to every practitioner where the low dilutions were observed to produce an aggravating effect and good results obtained by soaring up in the ethereal regions of high potency. It would be an act of monumental foolishness to deny the efficacy of higher dilutions in cases of this nature. Exclusive use of one particular dilution prevents a physician from giving the full benefit of a well chosen remedy to his patients, for whose health and well-being he appears responsible. As long as we do not violate the fundamental principles of homœ-

opathic science we should be ever ready to use any dilution, high or low, as occasion requires, which shall bring about "removal and annihilation of the disease in its whole extent in the shortest, most reliable and most harmless way."

NRIPENDRA NATH SET, L. M. S.

*Indian Hom. Review.*

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## A BIT CYNICAL.

A. F. Randall, M. D., Port Huron, Mich.

If tetanus is due to a germ, how is it that the toy pistol is responsible for the most cases?

Will the government ever put a stop to the wholesale slaughter and the infernal din of celebration days?

In other words, is the human race becoming stronger, intellectually?

Has tetanus ever killed a physician?

If aphasia affects the paralytic only as the brain is affected on the right side in right-handed persons; or as it affects the left side in the left-handed, would ambidexterity prevent it altogether?

What attenuation of remedies, in general, is most effective? What per cent. of our chronic cases do we cure?

Are there any essential rules for treating disease, particularly chronic disease?

Are these items that I have jotted down facts or fancies?

Regard. 1st, totality; 2d, peculiar; 3d, recent; 4th, initial; 5th, severe symptoms.

New symptoms are caused by: 1st, the medicine; 2d, belong to patient, or are excited or aggravated by the medicine.

In the first place, if severe, give higher; 2d, are a favorable sign.

If a patient is improving in general give nothing; but if patient is worse, or new symptoms persist, select another remedy, according to new symptoms, chiefly.

Hahnemann's latest practice was to give one dose, or repeated doses daily until improvement began. (What is your practice?)

When a remedy does not fully cover a case repeated doses may be necessary.

"A great chronic disease may require one or two years, and then the patient is apt to have a relapse."

Who knows whether the above are true?

How does he know it—by a general impression?

By carefully kept records?

Can one cure disease successfully without a good supply of repertories?

If so, how?

Is it true that psorinum takes the place in chronic diseases of sulphur in acute?

If it is not so, have we discovered that fact by reasoning or by experiment?

Can a question in practice be decided by reasoning?—*Medical Counselor.*

## THE USEFULNESS OF TUBERCULINUM.

By Dr. Moll, Brixen.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig. Pop. Z. f. Hom.*  
August, 1903.

### Tuberculin.

Several homœopathic physicians have lately employed *Tuberculinum* in the treatment of consumption, while the allopaths have given it up owing to its extraordinary virulence and the violent reactions called forth by its use. This reaction was, indeed, so violent, that the patients inoculated with it were carried away by it. Homœopaths, however, have employed the highest dilutions (250 d. to 1200 d.) and have had favorable results especially in the initiatory stages of tuberculosis.

Some time ago I mentioned several cases, which I deemed noteworthy, because the favorable action of *Tuberculinum* were indubitable in those instances. One of the cases was a severe case of pulmonic tuberculosis, the other a very painful suppuration of the bones, which before the treatment with *Tuberculinum* continually recurred, calling for several severe surgical operations, until these relapses were cut short by a lengthy treatment with *Tuberculinum*.

Even in severe cases of phthisis, *Tuberculinum* seems to show very beneficial effects, though a full cure in such cases is as yet doubtful. In the advanced stages of phthisis the higher potencies seem to be more effectual than the lower. At all events by using

the potencies we guard against the surprises from a stormy reaction which are quite possible with the 50th and 100 d. potencies. I had occasion to notice the effects of the 1200 d. potency in a case of acute phthisis that was well advanced, and I could trace the good effect of this high potency, without any previous severe reaction.

When I undertook the treatment of this patient, a young lady, there was a copious secretion and a tormenting nocturnal cough. An examination disclosed the fact that the superior part of the left lung was already destroyed. The patient had fever and was very miserable and prostrated. After receiving *Tuberculinum* for several days (1200 d. three drops, three times a day), a very copious expectoration with a loose cough set in at first; then these symptoms visibly diminished, the cough disappeared almost entirely and was followed by a good, deep sleep.

An examination showed a considerable diminution of the catarrhal symptoms over the parts affected and the morbid process seemed to be coming to a cessation. Appetite and sleep were excellent. Although the treatment with *Tuberculinum* ought to have begun earlier in this case, the good effects of the remedy are, nevertheless, manifest, especially since there was nothing to be seen of any stormy symptoms and the reaction merely consisted of increased expectoration and a slight increase in the temperature which quickly passed away. I should also mention that *Bryonia* and *Arnica* were prescribed at the same time, and these remedies, as is well known, have a very beneficial effect in chronic suppurative ailments of the lungs.

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## BUFO AND CŒNANTHE CROCATA IN EPILEPSY.

By Dr. Sam. Van den Berghe.

I. A young girl who had menstruated in her thirteenth year, and who had been in good health up to her fifteenth year, has since that time had attacks of epilepsy. This has now been going on for two years, and the attacks continually increased in frequency. They always came by night, usually about her monthly period, occasionally also between the periods. As an advance symptom there appeared some days before a dulness in the brain and a pressive pain in the left temple.

*Rana bufo* 3, two drops daily, caused a considerable diminution first in the frequency, later in the violence of the attacks. The remedy was continued without interruption for four months; then, as for one month no premonitory symptoms had appeared, it was stopped.

Last year, in June, the patient again appeared at my office, after having been rid of her ailment for a year; the pressive pain in the left temple having returned she was afraid of another attack. The symptom yielded quickly on the daily use of two drops of *Rana bufo* 3, and when the symptom returned, in July, the same remedy quickly removed it and the girl has since then remained undisturbed.

In the pathogenesis of *Bufo* there is found a strongly pronounced sexual excitation; the remedy also causes a certain amount of idiocy, causing the patient to lose all modesty and exciting to masturbation. This self-indulgence is then followed by convulsions, which have much similarity with epileptic attacks. This fit is usually followed by a *deep sleep*. If we consider that epilepsy is sometimes caused by sexual excesses it may be easily understood why *Bufo* should prove effective in that form of epilepsy which is caused by masturbation. The aura generally proceeds from the sexual organs (conf. *Calcarea carb.*, *Nux vom.*, *Platina*, *Sulphur*), but also from the solar plexus (*Calc. carb.*, *Nux vom.*, *Silicea*). According to Lippe *Bufo* is especially indicated when the attacks appear at night (*Causticum*, *Cuprum*, *Ceanothe*, *Silicea* and *Opium*. Ref.). According to Allen it is suitable in attacks appearing at the monthly period (cf. *Causticum*, *Cedron*, *Cuprum*, *Argentum nitr.*, *Cimicifuga*). Dr. Dewey considers *Bufo* as useful also in epilepsy caused by a sudden fright (*Artemesia vulg.*, *Ignatia*, *Belladonna*, *Opium*).

Case II. *Ceanothe crocata*.

A man, fifty-nine years of age, has been epileptic since his earliest infancy, but since the last year his malady has been considerably aggravated. There is no such cause as excess in this case. The attacks appear frequently and mostly at night. The long-continued use of *bromides* has neither improved the case as to its frequency nor as to its severity, and has added to its own peculiar depressive action. When the patient accordingly appeared in my office in November, 1900, his expression was altogether stolid, with an empty stare and with intelligence much depressed. At the same time he is very restless, with a hard and

frequent pulse (96). I prescribed *Ænanthe crocata* 6, eight pellets a day.

December 5th. The attacks were less frequent. Continued.

January 3, 1901. While he formerly always had one severe attack and several slight ones a week, he has not now had any during the whole of the past month. Almost every week he had some vertigo. The pulse is gone down to 86. Medicine continued.

January 28th. During the whole month he had neither attack nor vertigo. Pulse, 72. Continued.

March 6th. Since the last consultation the patient had suffered twice from vertigo; the pulse remains at 72; his restlessness has left him.

*Ænanthe croc.* 6, six pellets a day.

April 1st. He had one attack of medium severity a week ago and is now again excited, with his pulse up to 100. Continued.

May 3d. He had two nocturnal attacks, but is less restless. Pulse, 74.

June 7th. All morbid symptoms have disappeared. He has resumed his business, which he had given up for three years, ever since the aggravation of his disease. According to reports received his cure is permanent; he had also promised to call on me in case of even a slight relapse.

The cure of such a severe and inveterate case of epilepsy through the use of *Ænanthe crocata* is very remarkable.—*Journal belge d' Homœopathie.*

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## OBITUARY.

### Dr. D. H. Bullard. Another Pioneer Gone.

The following obituary is from the local Glens Fall paper.

Dr. D. H. Bullard died at 3.30 o'clock yesterday afternoon (July 1 1903) at the home of his daughter, Mrs. A. P. De Voll, 229 Ridge Street, at the ripe old age of nearly ninety-one years, finally succumbing to the feebleness of old age and a chronic trouble which was aggravated by a broken hip sustained by falling on an icy sidewalk in 1896. In his death Glens Falls loses probably its oldest male citizen.

Dr. Bullard's long life is a concrete example of the fruits of right living and a will which controlled his habits and caused him

to lead an abstemious life. Puny and frail as a child, in his earliest years his strong will asserted itself and saved him a limb which was about to be amputated for disease. At the age of twenty-five, having brought on hemorrhage of the lungs by overwork in the beginning of his professional life, he went to his wife's home at Northville N. Y., to die as all his friends supposed. Life in the open air with farm and garden work, taken up with the same application of reason and common sense that was so strong a characteristic in him, restored his health and ensured the long years of usefulness which followed.

David Hobbie Bullard was born in the village of Schuylerville, November 26, 1812, in the days when America was waging her second successful war with Great Britain. He was the son of Alpheus and Hannah Fitch Bullard, both of whom were of Connecticut stock, the doctor's mother being a great-grand daughter of Thomas Fitch, the last royal governor of Connecticut. After spending the years of his youth on the homestead farm in Northumberland, where he helped his father build the log cabin which for many years was their home, the subject of this sketch struck out for himself, going with but a few shillings in his pocket to Waterford, where he engaged as a clerk in a store, and later became proprietor. Not being over prosperous in Waterford he removed to Lyons, N. Y., travelling by canal packet, as there were then no railroads. After two years he gave up business and engaged in school teaching for a time, but friends induced him to return to Saratoga county and he became a merchant and postmaster at Jonesville. After an experience of a year or two in Jonesville he began the study of medicine under a brother-in-law, Dr. Hammond, of West Troy, taking his lectures at the Albany Medical College. Soon after the young doctor began practice Dr. Hammond was stricken with dangerous and prolonged illness, and this threw an undue amount of practice and anxiety upon his young associate, whose health broke, as recounted in an earlier paragraph. Regaining his strength at Northville he practiced medicine there for a few years, and then removed to Pattens Mills, whence he came to Glens Falls in 1860, buying the residence of the late Dr. J. L. Stoddard, at the corner of Elm and Exchange streets, where he lived and had his office for nearly thirty-five years. It was during his residence at Pattens Mills that his attention was drawn to Homœopathy, and having studied deeply into the subject he adopted that school of practice on his removal to Glens Falls.

The doctor's practice was very large and successful, and included many who were then and are now the most prominent families in the community, and it also extended over a wide range of outside territory. We quote from an article in this paper of February 18, 1898, two days before Dr. and Mrs. Bullard celebrated their sixtieth wedding anniversary:

"In the fall of 1861 small-pox broke out in Glens Falls. Fearing that the announcement of it would ruin trade and withal not being quite sure what it was, nearly all the physicians except Dr. Bullard declared it harmless chicken pox. He, believing the situation too serious to be trifled with, called it by its true name and was almost driven from town by public sentiment. Soon eminent physicians from Albany were called to pronounce upon the disease and they fully sustained his opinion. Then came great excitement. Certain streets were closed against all passers, a pest house was established and the disease raged hard for some weeks. There were more than 1,000 cases in Glens Falls before the disease had spent its force and about 100 deaths resulted. Following this Dr. Bullard enjoyed much popularity and had perhaps the largest practice of any physician here for a time. As years multiplied upon him he gradually lessened the active duties of his profession, until two years ago, when a broken hip resulting from a fall on an icy sidewalk completely incapacitated him for a time."

Since his accident in 1896, at which time he was eighty-four years of age, the doctor has been able to leave his home but few times, and for several months not at all, although his bodily health, except for the lameness, has been excellent until quite recently, and his mind was clear and vigorous to the end. It is only within a very few weeks that he has relaxed his deep interest in the world's affairs, having continued to eagerly read the newspapers, and that without glasses, until a sudden collapse of strength about six weeks ago.

Dr. Bullard never held any political office, except that he was justice of the peace in his earlier days. He was the sole trustee of the Ridge street school for several years, before the union district was organized in Glens Falls, and he was for a series of years a trustee of the Methodist Episcopal church, of which he was a consistent member from early youth. In 1838 he married Julia E. Spier, one of whose brothers was the father of the late William E. Spier. Mrs. Bullard was only ten months his junior

and still survives. They had nine children, of whom six are living, as follows: Mrs. Julia E. Avery and Mrs. A. P. DeVoll, of Glens Falls; Mrs. C. A. West, of Lake George, and Charles E., Fred. H. and William R. Bullard, all of Glens Falls.

To hundreds Dr. Bullard was, indeed, the good and beloved physician. His charities were of the unheralded sort. He never oppressed the poor in order to acquire wealth or to be enabled to contribute with blare of trumpets to public institutions, but rather practiced that thoroughly practical and heaven endorsed charity of quietly forgiving the debts of poor patients and faithfully serving scores of families where there could be no hope of financial return. Thus, while for half an ordinary lifetime enjoying a large practice, he did not accumulate largely of this world's goods, but was rich in the love and esteem of those whom he served.

Dr. Bullard was of a long lived race. Records show that his ancestors generally lived to old age. His mother died at the age of ninety-one, while his father was eighty when he died. Mention has several times been made in print of the remarkable average age reached by his own immediate family. At a reunion in 1899 there were present five brothers and one sister, whose average age was above eighty, the doctor being the oldest. Today one of the family group survives, John H., of Schuylerville. William A. died on Saturday last at his home in Corfu, N. Y.

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### HOMŒOPATHY IN SPAIN.

Translated from the *Allg. Hom. Zeit.*, July 16, 1903.

Barcelona has for some time been the central point for Homœopathy, though Madrid sustains the homœopathic hospital of San Jose and a policlinique.

There may be more than a hundred homœopathic physicians in Spain. Twenty-one active resident members and nineteen corresponding members belong to the Academy of Homœopathic Medicine in Barcelona. This Academy publishes the *Revista Homœopathica* and sustains two dispensaries and one hospital. The origin of the hospital as given in the *Revista* is very interesting.

The Countess of Moy, a lady of high social position, the President of the Hospital of Nino Dios, was seized some time ago by

a serious disease, and when the best physicians of the Castor-oil School brought her no aid she called in a skillful homœopathic physician of that city, Dr. Saulléy, who promptly gave relief and soon afterwards effected a perfect cure.

Ever after this she remained a grateful adherent of Homœopathy and when Dr. Jose Gery Savall (who after Dr. Saulléy's death was her physician) spoke to her of founding a homœopathic hospital, the thought struck her that she might change the hospital of which she was president into a homœopathic institution, and she called on Dr. Savall to assume the medical direction of the institution. He accepted this position on the condition that he be permitted to appoint homœopathic physicians to all the positions on the staff of the hospital. The physicians of the old school of course protested, but this was in vain. Cardinal Casanas and all the officers and nurses and all who were occupied in the institution, having from previous examples learnt the capabilities of Homœopathy, unanimously spoke up for Homœopathy—and thus the hospital in spite of the opponents became a homœopathic institution.

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## BOOK NOTICES.

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**Constitutional Therapeutics.**—(The patient, not the disease).

By A. W. Woodward, M. D., for twenty-five years a teacher of *Materia Medica* and practical therapeutics, in Chicago Homœopathic Medical College. 557 pages. Linen, \$3.50. Postage, 25 cents. Philadelphia. Boericke & Tafel. 1903.

As an entirely new method of study of drug action and therapeutics, based upon original research by one of the broadest and deepest thinkers engaged in the study of *Materia Medica*, and elaborated during thirty years of actual practice, this work challenges the attention of every member of the medical profession who thinks, and especially of every teacher of *Materia Medica*.

During the last fifteen years Prof. Woodward demonstrated this method in the large general medical clinic of the college with which he was connected, and in his own private and consultation practice. In his introduction he says: "For fifteen years prior to A. D. 1900 the remedies given to our chronic patients in our college clinic were chosen on the basis of their clinical history ex-

clusively—*i. e.*, according to the method set forth in this work—\* \* \* whether the complaint was in one organ or another, the remedy was chosen exclusively by the constitutional indications. While this procedure at the first was received by the class with incredulity, this gradually gave place to interest, and finally to enthusiasm as the results of the treatment appeared." To the gratifying results obtained the writer of this notice, who had the privilege of acting as Prof. Woodward's clinical assistant for the last year of his service, gladly bears witness.

The explanation of the system of drug therapeutics, its relation to pathology and allied sciences, to surgery and other therapeutic measures, and its limitations (for the author takes a broad view of the practice of medicine and the relative importance and the fallibility of drug therapeutics) are worked out carefully in the introduction, consisting of nine chapters and two prefaces, which constitute the essential part of the work. Each part is illustrated by clinical reports. In fact, throughout the entire work analysis of illustrative cases is used rather than the purely didactic method. This is not a work for the dilettante. The reader must be prepared to study and to think carefully, but he will be well repaid by the new avenues of knowledge of *Materia Medica* open to him.

The indications for a drug are based upon broad grounds. Symptoms are interpreted to indicate disturbance of function and the bodily functions are divided into systems, as follows: General nutrition; general respiration; general circulation; general excretion; general reproduction; general motion; general sensation; general intelligence.

In diseased conditions these functions are disturbed one after another, drugs also disturb the bodily functions, and (here is the vital point in the method of study represented) always in a certain consecutive order. *The drug is prescribed for an individual in whom the development of the disease process involves the same bodily functions in the same consecutive order as the drug action.* This is applied to the patient's entire clinical history as well as to the immediate condition present, which, it is claimed, is modified by all former or pre existing diseased processes, with certain notable exceptions. The indications for the drug are found in the patient's clinical individuality, so to speak. This is not so simple as at first appears. Here is a weak point. The difficulty of getting an accurate clinical history or an accurate clinical description of the development of the present condition from the

earliest possible prodromes will suggest itself. This point is also carefully considered in the introduction. The action of thirty-three drugs are analyzed in the body of the work, and their practical application illustrated.

To me this method has been the most effective in presenting what Farrington calls "the genius of the drug," that is, its individuality. And it has proven of great service in making a selection from among several drugs apparently well indicated symptomatically.

This departure may seem revolutionary, but it is not. It is an advance from the purely symptomatic method of prescribing to broader and higher ground; it is a step beyond the method of prescribing on immediate pathological indications; it is prescribing for the individual as a pathological or clinical entity.

The work is the ripe fruit of a lifetime of painstaking study and rich experience, during which time the author was much encouraged by the endorsement of Dr. W. Theophilus Ord, of London, the late Timothy F. Allen, and others. Unfortunately death came to him before he had completed his work as he would have wished, and many problems are left to posterity.

A great pioneer has blazed the way; rich new fields of virgin soil await the workers.

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**A Classified Index to the Homœopathic Materia Medica for Urogenital and Venereal Diseases.** By Bukk G. Carleton, M. D., and Howard L. Coles, M. D. 160 pages. Cloth, \$1.50. Boericke & Runyon.

This is a repertory of the urinary organs compiled from the homœopathic Materia Medica that will be a convenience to any physician who prescribes according to the law of similia.

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Messrs Boericke & Tafel:

The work on Minor Surgery by Nobles, which you so kindly sent me, was received this morning. I have noted the plan of outline and have scanned one or two topics. Thus far I am well pleased with it and have no doubt that it will be a useful aid to me in my work. It appears to be a volume that a student may well keep before him long after his graduation. Please except my thanks for your kindness.

Respectfully,

WILFORD WINE.

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## EDITORIAL BREVITIES.

ILLEGIBLE NAMES AND ADDRESSES.—We have a letter that has not been answered simply because no one was able to decipher the name or P. O. address. Foreign letters especially are apt to be puzzlers in this respect. Every one should have his name and address *printed* on letter heads and envelopes. The extra cost of this is a trifle, and it saves much annoyance and delay.

DANGER IN THE X-RAYS.—“The premature death of Dr. Blacker, who cured King Edward of a rodent ulcer, was caused, there appeared reasons to believe, by X-ray dermatitis. While manipulating the apparatus he is said to have received a severe burn on one side of his fingers; the dermatitis gradually spread up the arm, and in its track malignant growths developed, first near the elbow and afterwards in the axilla, finally involving the whole of the shoulder. Amputation at the shoulder joint was contemplated, but the rapid extension of the disease deterred Sir Frederick Treves from attempting operative intervention. This is not the only case in which the origin of malignant disease has been traced to the X-rays.”—*Medical Times*.

APOCYNUM CANNABINUM A SPECIFIC IN DROPSY.—Dr. Scudder said (*Eclectic Medical Journal*, November, 1869): “*Apocynum* is a true specific for that form of dropsy which comes from an atonic condition of the blood-vessels, the most characteristic symptom of which is edema. I will make this statement still broader, and say that *Apocynum* is a true specific for any form of anasarca, no matter whether from that cause or some other.” Prof. Scudder further said that in a practice of eight years it had not failed him in a single case where the diagnosis was well made.

To this I will add that I have used the remedy in my practice for thirty years, and it has not failed me in a single case of anasarca, where the patient could take the remedy, whether the diagnosis as to the cause was well made or not. In all that time I have only had to tap two cases of ascites to draw off the accumulated fluid, and those were patients afflicted with malignant tumors, and they could not, or would not, take sufficient *Apocynum* to relieve them of the dropsy. I have not a favorable opinion of the operation known as paracentesis abdominis. A dropsical patient when tapped is like a barrel of beer. It usually does not last long. The operation is more frequently done for the purpose of display than for any permanent benefit it might be to the patient. If the profession would give *Apocynum* a fair trial in all cases of ascites we would not hear so frequently of the operation of tapping."—*Dr. H. L. True, Eclectic Medical Gleaner.*

WHY THEY "DON'T BELIEVE IN DRUGS."—"I have become fully impressed with the belief that too many homœopaths have imbibed the teachings of old-school authors in the treatment of syphilis, and that many of the symptoms of the patient are erroneously attributed to the disease and should be regarded as drug provings. Notwithstanding these convictions, I must confess that I felt a little timorous in totally stopping the *Potassium iodide*, but I regained confidence with the uniform improvement of the patient. Here was a woman made sick and kept in a state of intense suffering by drugs administered in doses that are altogether too common. Her cure was wrought more by the exclusion of poisonous drugs than by anything else that was done for her. Is it any wonder that the sects and number of those who deny the utility of drugs are rapidly on the increase, and that they can afford to laugh at the antics of those who clamor for a rigorous enforcement of tyrannical medical laws? Let the profession come back to the invaluable laws of health, enforced by the teachings of physiology, biology, physics, chemistry and toxicology, and forever abandon the idea that a cure is wrought by the administration of poisons in poisonous doses; let it be remembered that a poison given to a sick man is more dangerous than one given to a well person."—*S. C. Delap, M. D., Journal O. O. and L.*

## NEWS ITEMS.

Dr. F. Mortimer Lawrence, author of *Practical Medicine*, has removed to suite 201-3-5 in the Professional Building, 1833 Chestnut St., Philadelphia, Pa.

Dr. N. R. Harris has removed from Des Moines, Iowa, to Denver, Colorado.

Dr. Jas. T. Hardy is located at Lynbrook, L. I., New York.

Dr. H. R. Edwards has removed from West Chester, to 44th St., Pittsburg, Pa.

After a long vacation Dr. W. H. White has opened his office at "The Beresford," 81st Street and Central Park W., New York City.

That veteran homœopath, Dr. H. H. Warner, has removed to 113 West 82nd St., New York City.

Dr. Daniel E. S. Coleman, after two years' service in the wards of the Metropolitan Hospital, has opened at 70 West 131st St., New York City. Dr. Coleman, with his experience and training, ought to be very successful in his professional life.

Colorado Homœopathic Society programme to hand. Denver, September 15-17th, at Y. M. C. A. Auditorium.

Dr. Albra W. Baker has removed from Emporium, Pa., to 475 Park Avenue, Williamsport, Pa.

Dr. Muller announces his removal to 160 E. 63d St., New York City. Telephone, 3120—Plaza.

## BRANCH OF OLIVE IS REJECTED.

Polk County, Iowa, Homœopathic Society Declines to  
Affiliate With the Regulars.

Some time ago the Polk County Medical Society, composed of physicians who claim the designation of "regular," enlarged the scope of its usefulness by inviting into full fellowship and fraternity the physicians of all schools, expressing the desire to

eliminate factional and other artificial lines of distinction among physicians, and inviting into membership in the society homœopathic, osteopathic and eclectic doctors, alike.

Last night the homœopathic physicians of Des Moines held a meeting of their local society and passed resolutions questioning the purposes of the "regulars," criticizing their plan of amalgamation; declaring it a scheme to suppress homœopathy, and declining the proffered hand of fellowship.

Following are the resolutions adopted:

WHEREAS, in accordance with the plan devised by the American Medical Association, the Polk County Medical Society invited the members of our society to attend one of their meetings at which the substance of the new constitution and by-laws of said society, was given and the statement made that "Every reputable and legally registered physician who is practicing or who will agree to practice non-sectarian medicine shall be eligible to membership" and welcomed to such membership in their society.

Therefore, be it resolved, that we, the members of the Des Moines Homœopathic Medical Society, give the public and profession the following reasons why we cannot accept the proffered membership:

*First.*—That such a union or so-called "amalgamation" can not be a real one, because we, the members of the homœopathic school, are governed in our practice by a scientific therapeutic law whose existence and application the dominant school of medicine has always denied and still continue to deny.

*Second.*—That because, in the past, the dominant school of medicine has always bitterly opposed and fought every attempt of our school to establish any state medical college, hospital or asylum, we feel confident that the proposed union would mean the extermination of all such institutions, not only public but private, now under homœopathic control.

*Third.*—That although for a century our law of therapeutics has been in daily and effective use, yet never in all that time has the dominant school assented to the teaching of that law in its colleges or the application of it in its hospitals. Therefore we are convinced that such a union would forever silence all discussions and teachings of the truths of homœopathy.

*Fourth.*—That the pledge which, either openly or tacitly, we are required to give in order to obtain membership would cause us to stultify ourselves and lead to dishonesty in our lives and practice.—*Des Moines, Ia., Leader, Aug. 15, 1903.*

# PERSONAL.

In Toronto they operated on a man for talking too much, says *Medical Examiner*.

When a surgeon operates on the stock market, he is not always successful.

We give it up, Mary, we do not know whether "Kiss" is a verb, article, noun or conjunction, probably the latter.

Dr. George Shorkley, of Camden, Maine, a homœopathic physician, is chief surgeon and physician of the Ziegler polar expedition.

Mary asks, "What did Romeo?" Probably severed thousand ducats.

Ah, me! Water works and fountains play.

Human clothes sometimes make figures lie outrageously.

The victim of a swelled head always enjoys his affliction.

They say that sweet potatoes in the diet of a typhoid patient means death.

*Hyosin* is said to be a great remedy for morphine fiends.

*Progress* is the latest homœopathic journal.

**FOR SALE.** "A rare opportunity." American Nauheim Chemical Bath Co.'s property at Millford. Pike Co., Penn. Covers half block with large building in first-class condition, with 10 cypress wood bath tubs, capable of giving 200 baths daily, and all the necessary fittings for carrying on same. Property covered with beautiful trees, shrubbery and summer houses surrounded by substantial iron fence on stone wall. Popular summer resort, healthful location and make good sanitarium. Rare opportunity. Write to Dr. Geo. M. De Witt, Scranton, Pa.

Truth is never "crushed to earth;" it's only some weak brother who mistakes himself for truth.

Man wants long life but not its concomitant, old age.

The "indicated remedy," like gold, can only be dug out by hard work.

"Flies spread disease, eh?" remarked an old fly. "Well, what are you going to do about it?" he queried, as he lit on a doctor's bald head.

Dr. W. B. Clarke's paper in this number may be a "twice told tale," but it is one that bears repeating.

Take your pen in hand and write something.

The *North American Journal of Homœopathy* says of Noble's *Minor Surgery*: "This is a good, practical book. Everything in it ought to be known by every practicing physician. It is the kind of knowledge every one needs, and the book ought to find a place in every physician's library."

They say that a Scotchman only resembles a donkey when he stands on his banks and braes.

# THE HOMŒOPATHIC RECORDER.

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No. 10

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## HOW TO TRAIN A PHYSICIAN TO PRACTICE HOMŒOPATHY.

By Wm. L. Morgan, M. D.

### Differences Among Homœopathic Physicians.

In acquaintance with many homœopathic physicians an observer will find they have many different opinions on the subject of Homœopathy; it appears very hard to find any two or half dozen that have the same opinion relative to any one department of homœopathic therapeutics. Among them we find many would-be reformers; many of whom find great fault with the *Materia Medica*, claiming that there are so many symptoms in the *Materia Medica* that are incorrect and of no use; claiming that it is very necessary to take all the drugs through a reprov- ing, and especially finding great objections to the provings made by Hahnemann and others of the old masters with potencies above the 12th; others are discontented with the *Pharmacopœia* of Hahnemann, and have made another one; others contending that all practice should be done with extremely high potencies; others practice with extremely low, alternating remedies and using combination tablets, strong tinctures and very large doses of medicines. Many are always using or resorting to strong doses of patent medicines and the new discoveries of the day. Others treat all cases as local diseases and have prescriptions which they use for every local manifestation that can afflict mankind.

A large majority treat by diagnosis name of disease, and treat disease instead of the patient. Others treat altogether by the symptoms of the individual and use the repertory at the bedside, others never use a repertory.

We have heard it said by allopathic physicians of intelligence

and by the agents of medical manufacturing companies, who visit all physicians, that there is only about five per cent. of all homœopathic physicians in the United States that really practice according to the principles of Homœopathy. And we are very sorry that some physicians who loudly profess to be strictly homœopathic in their practice ridicule the idea of treating by symptoms or using potencies.

### Why Is It ?

Why is all this so? Why is it that all who profess the same method of treating the sick, and claim to do it scientifically, do it so very differently? Why such wide difference of opinion and practice? Why is it that five, ten or fifteen homœopathic physicians examining the same case should make as many different diagnoses and prescriptions? Why not practice by the laws and principles which have been proved to be from nature and, if understood, will lead each one to diagnose the same remedy in the same case?

We may safely say from the observations we have made and by looking through the methods of teaching in the different homœopathic colleges and in talking to physicians who have such wide difference of opinion, that very few of them have ever studied Hahnemann's *Organon of the Healing Art* any more than to barely read it; and even some physicians whom I have met, late from the colleges, have never read a page in it and never heard of it in the college course. Such physicians are always skeptical in regard to adhering to the law. Did the college teach them according to the contract?

I have before me the announcements of nine medical colleges, two are allopathic, and in the teaching departments there are two which have each a lecturer on the *Organon*; one is adjunct professor of clinical medicine and lectures on the *Organon*. He has thirty-two hours to devote to teaching the *Organon* in the four years, all in the first year, which gives merely time for a hasty reading of the book, but no time to study it or to make any test experiments. The other has a professor of Homœopathic Philosophy, and its clinical application, time not limited. The other five do not have anything in the teaching department to distinguish them from the two allopathic colleges except the word "Homœopathy" on the title page. Do the students get the teaching they pay for?

Prof. Paul Haupt, LL.D., of the Johns Hopkins University, said in his paper, "Bible and Babel:"

"The very existence of so many different religious denominations shows that the Bible is not studied scientifically, although this study may be made just as exact as any other branch of science."

The same may be said of the many divisions of the homœopathic profession, that they do not study the *Organon* scientifically; that is, study it as it reads and without prejudice (unbiased). It should be studied as an exact science.

### How Differences May Be Settled.

Now, it is our purpose to suggest a method by which all those differences may be settled, by an impartial umpire, the *Organon*; the small book of 244 pages, 292 sections, with 151 explanatory notes. This book stands the same relation to homœopathic therapeutics as the arithmetic does to mathematics or as the grammar does to the language. It is the stepping-stone, it is the alphabet, or we may say the foundation to the entire therapeutics, and without it a physician can no more make thoroughly homœopathic prescriptions than he could keep the books of a banking institution without knowing the first principles of arithmetic.

When the student has entered the college for the purpose of an education qualifying him to practice medicine according to the homœopathic methods, and has spent his four years' time and paid his tuition for the entire course, and the college has failed to give him all the instruction in Homœopathy, and especially that branch which distinguishes Homœopathy from all other methods of treatment, then we will ask, has the college fulfilled its contract with the student? Has the student received the education that he has paid for? Has he not cause of action in court for damages for failure on the part of the college to fulfill its part of the contract?

From these reasons we must recommend a more thorough teaching of the *Organon* and Homœopathic Philosophy in all colleges than has been done for the past fifty years. The full meaning of each section should be as carefully taught and as thoroughly impressed on the mind of the student in his course of education as the rules of grammar and arithmetic to the student in the primary schools. Study it as it reads in the book. (Wesselhœft's translation preferred, which was made before the days of the dominance

of reformers.) Then, when he thoroughly understands the *Organon*, the system of chronic diseases, the use of repertory and *Materia Medica*, and through his course of education, and has gotten his diploma and goes into the world to practice medicine and to take the responsibility of the life and health of his clients, he will be able to manage his cases quickly and effectually without resorting to any subterfuges, such as narcotics, antitoxin, serum treatment, hypodermic treatment, and with but very little local treatment of any kind. Neither will he have any use for any of the coal oil derivatives, but he will be able to find the remedy that is homœopathically suited to the patient and the case, and by its curative influences will relieve the sufferings of the patient much quicker, more certain and more permanently than any of the narcotics will do; and, what is of much greater importance, will never leave the patient suffering ill effects from drugs later in life. Neither will such physician suffer the odium of doing different from what he professes.

In suggesting the method by which the students shall be taught Homœopathy according to the definition of the term, we shall suggest that the trustees of the colleges shall use greater care in engaging professors and teachers that are each as capable of teaching homœopathic philosophy and its application in all practice as they are of teaching the various branches to which they may be assigned.

The teachers should first understand what Homœopathy is, the laws and methods as practiced by Hahnemann and his faithful followers, before they undertake to reform on what Hahnemann did when they know so little about it.

I once heard the *Dean* of a college, in speaking of the *Organon* and of Hahnemann's *System of Chronic Diseases*, sneer and scoff at the idea of teaching a thing so old, out of date and erroneous; yet he was at the head of a homœopathic college. The graduates of that college paid to be taught Homœopathy and did not get it.

I know of another that appeared to be proud to say that he had never read the *Organon*; yet he was a professor in a homœopathic college. The alumni of that college are very good eclectics, use combination tablets.

With this doleful state of affairs, how could we expect such colleges to turn out physicians that could ever possibly be capable of practicing Homœopathy, or be worthy of the name of a follower of Hahnemann?

Such teachers will account for the many differences in the practice and opinions of persons professing to be, and honestly believing they are, homœopathic physicians. In short, we may say that a teacher should be a man of general intelligence and veracity and firm in teaching what he professes. He should understand the *Organon*, *Materia Medica* and *Repertory*.

Now we don't propose to say that we must follow the *Organon* simply because it is the work of Hahnemann, but we must follow the works of Hahnemann because he was one man who never adopted a method himself, or advised anybody to practice anything that had not been proved by the most incontestable proofs to be absolutely true. Therefore, when we say we follow the *Organon*, we are not following an opinion, we are following proof and positive evidence.

### Teach the *Organon*.

We will now consider the details of teaching the *Organon*. The first section reads: "The physician's highest and only calling is to restore the health to the sick, which is called healing."

From the very fact that a sick person calls a physician to the bedside implies a contract that he is to do all that can be done in order to restore the health of that patient; it also implies that he has, as a physician, taken all pains possible to learn everything that he can learn in order to prepare himself to do his work in the most effective way, and also that he is to use homœopathic methods. On the part of the patient it also implies a contract that he is to pay a reasonable fee as a remuneration for the services, work and time; that he is to render all aid possible to make his symptoms known, and that he expects to be treated according to the science of Homœopathy; and a failure of the physician to fulfill his part of the contract is just as bad as for the patient to fail to pay the bill. If he claims to be homœopathic and gives something else, he forfeits the contract.

Then, in the second section, we have a more particular requirement: "That he is to do it speedily, gently and as permanently as possible;" or to "alleviate or obliterate disease in its entire extent in the shortest, most reliable and safest manner, according to clearly intelligible reasoning." With this end in view, we can see that it is the duty of the physician to attend to and know how to give relief quickly and effectively, and at the same time to be very careful not to do anything that would leave any bad effects

from his treatment ; not to make any unnecessary display, ceremony or operation of any kind that will cause more trouble than the disease for the sake of making an impression of skill.

The third section contains many important instructions as to what the physicians should know. First, "he should know what disease is—7—10—11. He should know what is curable in disease in general, and in each individual case in particular." This is the first lesson we have showing that each patient must be treated as an individual and not as general. That each patient has peculiarities in his case different from all others. Consequently he cannot be treated the same as another patient, even with the same disease by diagnosis. It also says : "He should clearly comprehend what is curative in drugs in general and in each drug in particular." That is, "He should possess a perfect knowledge of medical powers." Further, he should be governed by distinct reason in order to insure recovery by adopting that which is curative in medicine to that which he has recognized as undoubtedly morbid in the patient." With this we can see that the instruction given is that the physician should be intelligent, honest, not only with his patient, but with himself, to insure success.

Now we pass on to the seventh section, where we find the first mention of the suffering vital force, which is continued in the ninth section, where it refers again to the "spirit-like vital force animating the material body (or organism), where it refers to how the spirit-like vital force gives wonderfully harmonious vital processes to the material body."

It is this spirit-like vitality that we, as homœopathic physicians, have to deal with in treatment of disease, which we find more clearly explained in the tenth and eleventh sections.

The sections from the seventh to the twenty-fourth we find devoted entirely to impressing the student with the importance of understanding the duality of the being, that is, that every being is dual, a material body, inert, inactive, incapable of motion, feeling, sensation or sensibility, only when animated by an internal, invisible, subtle, vital force—active, sensible, sensitive, which pervades every cell and molecule in the organic system; which gives it its power and moves it, directs it, guards it, takes care of it; without which the organism is inert and at once begins the process of decay. This active being is the being that is affected by disease, and also is affected by the drug; and the drug, as material mat-

ter, is inert, but is possessed of a subtle, active, vital being, a life which gives it its distinguished features, shows it different from all other material substances. It is the active principle in the growth of plants and the crystallization of minerals. Each element has a vital force of his own, different from all others (section 269), often inimical or toxic to others. It is similar to the vital principle of the animal being, and also similar to the vital force of disease referred to in sections 12, 15, 16, 263. This constitutes the vital theory of disease genesis as opposed to the organic germ theory. It is the basis of Homœopathy; it is what distinguishes it from allopathy.

Hence we have three elements of an electro-vital force, which we may call a trinity of similars: first, the natural life of the animal; second, the natural life of the disease; third, the natural life of the drug, which has power to affect the animal life adversely; and, when properly prepared by potentiation, has power to cure the diseased animal being (269). This peculiar drug action is known as the law of similars, the mode of action of which is no better understood than that of gravitation, chemical affinity or electricity. Yet we know of its action by reliable provings; we know what it will do under certain circumstances. Hence, we need take no pains to explain it any more than the chemist or electrician does to explain the mode of electricity, chemical affinity, or the workings of gravitation.

With the above we may see the difficulty that a student or teacher has in overcoming the common impression that man is a unit and not a dual being, and the material body is all there is of man, and are accustomed to consider that it is a unit and not a dual.

That they cannot conceive of the idea of an internal spirit force is one of the difficulties that the student has to overcome. In order to relieve that difficulty we will propose, like Hahnemann, for him to prove everything himself by experiment, and see what the experiment produces, and not try to make it confirm some dogmatic ideas.

Let him take an active man, stick him with pins, punch him with probes, and he will soon find a sensible impression on his own head where the fist came in contact with it; next he will find his body come in contact with ground from the concussion of the live arm that struck him. Then take the dead man with every tissue, organ, cell and molecule, and all in place as before; cut,

prick or punch as you will, there is no resistance because the spirit-like vital force has disappeared and gone, and there is nothing there to feel the pain, the material body is left to decay. Hence it is not the material body that struck him, but it was the vital body that threw the fist against his head. From this the student may realize the difference between the living and the dead, and comprehend the living body inhabiting the inert material body.

In all this we do not tell anything new. It is what all intelligent people know, but seldom think of it in the practical affairs of life, which leads to numerous mistakes, troubles and disasters. Hence, a physician while viewing the visible body with eyes, must keep the mind's eyes fixed on that active, simple substance, the vital being.

#### Prove Drugs on Yourself.

Then let him commence with a drug proving. Let him take any drug of his own selection, one of the quick-acting remedies, and proceed to take it in common officinal doses until it begins to show its disease effect. Let him make records of the symptoms produced by it, and after he has sufficiently experienced the disease-producing power let him raise it to the thirtieth potency or higher if he wish. Then find a patient where that remedy is indicated, according to his own provings, and use the remedy according to the teachings of the *Organon*; he will then find the beautiful homœopathic effect and he will never forget it. He should not stop at one, but should prove many of the drugs in common use, and compare his records with those in the *Materia Medica*. For preparing remedies see 120 to 143.

Let it be understood by this that in all the works of Hahnemann, and especially the directions in the *Organon*, that nothing shall be taken for granted or guessed at, but everything must be reduced to verifications and positive proofs, that the opinion of the people, either laity or professional, is not sufficient. It is necessary for the student, either under-graduate or post-graduate, to put everything to practical test himself before considering it a fixed matter, or that it can be used in practice.

While enlarging on the subject of the vital force it is necessary to observe that it is the basis of the great difference between the old school and homœopathic teaching, and of the greatest importance that it be well understood, from the fact that when thor-

oughly understood it will settle in the minds of the students many, to them, difficult questions. The questions with regard to the origin of, or genesis of, disease, the treatment, the question of potency, high or low, to the System of *Chronic Diseases*, and many other questions that appear to the novice mysterious, become very plain and simple, and will end many interminable disputes and wipe out many prejudices.

Now we pass into the next division of the subject. From the 25th to the 49th sections we find extensive descriptions and clearly defined illustrations of many important questions relative to the various kinds of diseases. We will find the difference between acute and chronic diseases made quite clear, and explanations given of suppressed diseases, drug effects on the healthy and in diseases; and the disease-producing effects of drugs and how disease may be made incurable by being repeatedly suppressed by drugs. Also how two diseases of similar symptoms cannot occupy the system at the same time, but two diseases of dissimilar symptoms can and do occupy the system at the same time; also how one disease may suspend another, or one disease may cure another similar disease; that larger doses do not facilitate a cure, but do damage. Also the definition and explanation of Psora. In section 104 we find directions how to examine a patient and get a full knowledge of, and to write, a case preparatory for selecting a remedy, and how to find the remedy that is homœopathic to the case. Then, when the student thoroughly understands the sections between the 129th and 148th, he will have no more trouble about when and how to repeat the doses in chronic as well as acute cases, which is one of the greatest troubles for the physician until he understands the meaning of those sections.

The natural life of the disease, which is the similar to the animal life in being a spirit-like force, but is inimical to the functions of life and thereby causes disease symptoms; this is the similar of the life of the remedy both in its spirit-like vital force and its power of producing symptoms similar to those produced by the disease. Hence, we may see that the word similar has a much wider significance than those who go no further than to use the quotation, "Similia Similibus Curantur."

### Physical Science.

The student should also have a thorough training in physical

science, especially in the recent discoveries made by physicists in Montreal, Paris and London; see *Popular Science Monthly*, August, 1903,—

Lecture by Sir Oliver Lodge, Hon. Sc. F. B. S.:

The modern views on matter: That the ultimate divisibility of matter does not stop at the atom, but the atoms can be and are divisible, even under the influence of different colored light, and the fragments become electrons and ions, which are radio-active and are the basis of electric energy, and as the number of broken atoms is increased the dynamic energy will be increased; as in electric machines the rapid motion and friction breaks open atoms and creates electrons, which are conducted by wires to service or to a storage battery for use at the will of the operator. Compare with this the potentiating medicines by triturating continuously in crystallized milk sugar that it greatly increased its medicinal powers, which as he afterward described: "That it breaks open the molecules and sets free the intermolecular vital force;" the active essence of the drug; also that the more triturating or succussion the more dynamic energy is generated, and the phenomena of radium, barium and other radio-active substances adds to the evidence.

Now, physicists have demonstrated that the more friction the more broken atoms and the more electro-vital energy is set free and held loosely in the menstruum as a storage battery ready for use at the will of the prescribing physician.

Dr. Kenyon, of London, has discovered that to triturate typhoid fever bacillus in liquid air splits open the molecules and lets out, as he called it, "the intercellular juice," which he proved to be prophylactic and curative in typhoid fever when properly prepared, very highly diluted, given in very small doses.

Dr. Bergmann, of Hanan, Germany, has discovered that medicines greatly diluted, in small doses, have more curative power than strong doses, and has adopted in his practice dilutions equal to the sixth potency.

We are glad to learn that physicists are discovering the vital principles of Homœopathy; they have already demonstrated that the active force of drugs is in the broken atoms, and that a potentiated drug is a storage battery of great potentiality. There are now but a few points more to be discovered; one, that every material organic or inorganic substance has an inter-atomic, electro-vital energy of its own which gives its characteristics dif-

ferent from all others, and *that* characteristic is more fully developed when the molecules are broken and dissolved, and from dynamos each species propagate after its own kind and each individual transmits its own individuality to its successor.

Another very important discovery will soon be made according to the present rate of scientific progress, viz: That organic matter is inert and requires the electro-dynamic energy of its own kind, to make a living animal of any kind, to give it automatic motive power, and when the life is interfered with by another from any other kind it disturbs the organism and makes symptoms, called signs of sickness, and that these symptoms are the guides by which to select a curative remedy; that disease is a vital entity.

When these discoveries are made, and all the colleges teach homœopathic philosophy, then all true scientists will be practicing the new science of therapeutics.

*Baltimore, Md.*

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#### A RARE EFFECT OF QUINIA.

The following case of quinine poisoning (to use the reporter's words) is taken from the *Medical Record* for August 22d:

C. M., a travelling salesman, aged 35, having an unusual susceptibility to *Quinine*, took a pill containing a small quantity of the cinchona salt, not knowing that the pill contained any of it.

"Within twenty minutes he felt a *peculiar tingling sensation*, which he knew from experience was due to the effects of *Quinine*.

"The tingling was quickly followed by the appearance of *large wheals on different parts of the body, which speedily coalesced*.

"*These wheals became redder and redder until they had a purplish color.*"

When the physician arrived the patient "*was swollen and unsightly, and suffering so severely that he needed morphine, which was administered hypodermatically.*"

At this stage of the case the patient told the doctor that he "*had yet to go through his worst experience, that the wheals would be converted into large 'blisters,' and that after their fluid contents had been absorbed the skin would peel off and leave his body raw and sore; he stated also that this process was always worse about the genitals.*

"The next morning bullæ were forming over the affected parts,

but the genitals were not affected." (The physician had applied a paste of zinc oxide, starch, bismuth, carbolic acid and lanoline.)

On October 9th (the poisoning occurred on the 7th) "the bulbous formation was marked, the pulse was 112, and the temperature, 101.5° F. Some of the single bullæ were as large as the palm of the hand. The *hands, feet, thighs* were most affected, *the fat especially being enormously swollen.*"

"In the case of this patient similar severe symptoms had followed when *Oleate of Quinine* was rubbed into the skin several years ago during an attack of fever, thus showing the condition is due to *Quinine* intoxication."

Dr. Goltman adds: "The condition was no doubt a toxic angioneurosis, and, while I have many times seen urticaria after giving *Quinine*, I never saw anything like this before. I recall a number of patients who cannot take *Quinine per os*, on account of the urticaria it produces, but who take it hypodermatically without such an effect. I believe the urticaria in these cases is the result of gastric irritation and is not a toxic influence."

I am of opinion that the italicized symptoms can safely be added to the symptomatology of *Cinchona sulphate*, and, farther, that this action of *Quinia* is worthy of special consideration.

Although this action of *Quinine* is owing to idiosyncrasy, I was led to search for such testimony as would substantiate the effects here ascribed to the drug. The result has been, at least to me, significant, as indicating a sphere of action for this agent that I had not previously known. However, I shall not attempt to pre-judge, but will leave the evidence to the reader's consideration.

1. "Sometimes people who work with cinchona barks are attacked with great irritation of the skin; this is probably due to the mechanical action of the minute spicules of the bark."—*Brunton's Pharmacology*, etc., page 863, first edition

Dr. Brunton is so decidedly "mechanical" in his expositions of drug-action that his explanation is characteristic. That it has no foundation in fact will be apparent later.

2. "It is a curious fact that in many subjects a full dose of *Quinia* will cause erythma, with dilated pupils, phenomena closely analogous to those produced by *Belladonna*."—*Bartholow's Materia Medica*.

3. "A small dose of *Quinine* always brings out a uniform red rash over the whole body, most marked on the back of the neck, accompanied by very severe stinging pain, especially on the nape

and in the clefts between the fingers. Desquamation as free as after a sharp attack of scarlet fever always follows the rash.

“Workers in barks sometimes suffer from a scaly papular eruption, and occasionally from great swelling of the face and eyelids, with redness of the eyes. They sometimes complain of great itching of the whole body, and it is known that *Quinine* can produce urticaria.”—*Ringer*, page 574, sixth edition.

As the effect of about one grain of *Quinine* given to a convalescing patient, Henning observed: “Rash all over the body, vivid as scarlatina, and attended with intolerable and incessant itching. The rash and irritation were persistent for several days, and then slowly and gradually subsided, followed by universal exfoliation of the cuticle.”

Skinner, as the effect of one-quarter of a grain on a delicate young woman, noted a “scarlatina-like eruption, with violent itching all over the body and followed by desquamation, which continued for three months.”

Kreuser has seen in the workmen of a *Quinine* manufactory a “vesicular exanthema, attended with much itching, inflammatory redness and swelling of the skin. This eruption first makes its appearance on the genitals and thighs, then on the face, hands and arms. The eruption is a little moist, but it generally dries into a fine crust, sometimes causing cracks and terminating in a desquamation of thick scales. The general condition of the sufferer is but slightly disturbed, but sometimes there are slight febrile symptoms and gastric disturbance.”

Some fifty years ago the effects of quinine on the workers in French manufactories were reported to the Academy of Sciences. “Among the workmen who prepare the sulphate of quinine, a particular form of cutaneous disease is prevalent, presenting however some variations in its manifestations. With some pimples will appear over the whole body, accompanied with an intolerable itching, and eventually discharging a matter somewhat thicker than serum, though not quite of the consistency of pus. When the suppurative stage is reached the eruption gives place to squamous scabs.

“With others, again, the eyes become red and there is swelling of the lids; the face also becomes swelled and bloated to an extent that renders the victim unrecognizable, and the arms and hands become considerably tumefied and covered with pimples, which eventually fill and suppurate.

"In other instances the eruption takes place on the genital organs, occasioning great suffering. In still others, the pimples become pustules which do not suppurate, but assume the appearance of an exceedingly repulsive itch-like crust."

In a foot-note the editor of the "Encyclopædia of Pure Materia Medica," vol. iii, p. 245, says: "The cinchona disease attacks only those workmen who are employed in precipitating, by means of milk of lime, and filtering the crude Chinin from the acidulated solution." This is an error into which hasty transcription led him on more than one occasion, as the original record shows: "According to some of the manufacturers, the workmen who prepare the decoctions, those occupied in treating the chalky precipitate with alcohol, are those attacked with the eruption; according to others (and this view is sustained by M. Chevallier) all the workmen, even to those who put up the sulphate in vials, are subject to the disorder. M. Zimmer, the largest manufacturer, writes that the malady may be contracted in every stage of its preparation, even in the packing of the drug for market."

This evidence is sufficient to establish the angioneurotic action of *Quinine*; and in view of such evidence one reads the following therapeutical recommendation with something of surprise: "In *erythema nodosum* *Quinine* has long been noted for its beneficial action; indeed it is usually the only remedy needed in addition to a few days' rest; and its use certainly renders the course of the affection much shorter than when left to nature. We should probably be justified in reckoning this as one of the examples of the action of *Quinine* upon the nervous system, although we are unable to prove the dependence of *erythema nodosum* on purely nervous causes.

"In *urticaria* *Quinine* is only useful in special cases. The tendency to nettle-rash is very personal; in the commoner kind of cases the individual is liable to attack after eating some particular food, such as shell-fish, salmon, or strawberries. To such patients, when they have thus brought on an attack, we need only give an emetic and a purge. But there is a kind of chronic urticaria in which, though an attack may be more easily brought on if indigestion be present, the true source of the disease lies evidently in some peculiarity of the nervous system, and medicines directed to the digestive organs cannot be expected to do much good."—*Phillips' Materia Medica and Therapeutics, Vegetable Kingdom*, p. 458.

“*Quinine* has long been noted for its beneficial action in erythema nodosum” and there is sufficient proof afforded that *Quinine* can and does produce a condition very “like” erythema nodosum—and yet Dr. C. D. F. Phillips retrograded into a “regular” some years ago; a fine instance of “reduction descending.”

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As the super-scientific members of the homœopathic school are getting over their dread of atomic bogey (erstwhile so terrifying to them) they will probably be edified by the following testimony to the power of infinitesimal quantities: “In 1836, having to employ several additional workmen (in a *Quinine* manufactory), there came among others a mason to seek employment in the works. He was a man of regular habits in the prime of life and having every appearance of perfect health.

“At the end of three or four days he was attacked with pimples upon the arms, thighs and legs; the next day they also appeared upon the genital organs. M. de Lisle dismissed him at once.

“In 1844, the same man being employed as a mason in the open air, near 200 feet from the building (the *Quinine* factory) was forced to quit his work. In fact he was attacked with the same symptoms which had shown themselves in 1836 while engaged in the actual preparation of *Quinine*.”

M. Henry has cited “the case of a woman of lymphatic constitution who was unable to enter one of the factories without being at once affected with the eruption. This same woman in 1850 was seized more severely than ever before on essaying, at Havre, to pack the *Sulphate of Quinine* in flasks. The disease which at first was confined to the neck, face and arms, subsequently covered the legs; one of them was much swollen and covered with a scaly eruption like a species of elephantiasis.”

Pathogenetic symptoms of *Cinchona* produced in the open air and two hundred feet away from the depositary of the drug is a phenomenon for reflection—at least.

*September 22d.*

S. A. J.

(I wish to state that the recommendation of *Quinine* for “erythema nodosum” must rest with Dr. Phillips, for Hebra teaches that erythema nodosum is not attended with *itching*.)

**HAY FEVER.**

By E. B. Fanning, M. D.

After writing my little work on the above subject, one of my critics states: We regret that the work of Doctor Blackley on this subject has escaped Doctor Fanning's notice. I myself regret I did not know of this very valuable work on the external irritants, for it would have aided me very much in searching out the real cause. But, had I read this work and sat down convinced with the feeling that everything along the line of cause and effect had been accomplished I would continue to be a miserable sufferer, instead of what I am. For after reading his exhaustive treatise on the numerous experiments in various localities and at different seasons, the sufferer might be well content with the belief that the cause was external to the body, therefore, could not be prevented. But this theory, however, seemingly practicable, would never have satisfied me as to the real cause.

The great difference between Doctor Blackley's work and my own is, that he sought for the cause of the disease external to the body, namely: in the atmosphere, while I sought in the system for an abnormal condition which would permit of external irritating substances becoming operative.

Doctor Blackley recognized a predisposition in the system, but never seemed to give any thought as to the cause leading up to or producing such a state. He mentions a number of plants which send off pollen when ripe as being capable of producing symptoms more or less severe, simulating hay fever, when snuffed up the nose or applied directly to the membrane, but the effects only lasted until the poison spent itself; some had a very local and temporary effect, while others acted deeper and naturally more severe, but none of these conditions could be called hay fever. There is no doubt in my mind that if any of those irritants had been applied during hay fever season when the system was in a state bordering on an outbreak the effects would have provoked an attack which would have lasted the whole season, and the number of plants or pollens capable of producing such a condition is legion.

The doctor says his experiments showed that at the height of about one thousand feet or more, or as he puts it, in the higher

strata of atmosphere, there is more pollen floating than there is near to the earth. Then, accepting this as a fact, we actually find sufferers going to the higher elevations, namely, the mountains, where the pollen floats in abundance, to get rid of its effects. Now, is it not rather a fact that the extra amount of free oxygen in the higher mountain resorts seems to contract and neutralize the blood and secretions, and by so doing prevents the action of the pollen? He has also shown that the pollen can be snuffed up the nose in midwinter with only temporary effect, showing the effects again of the increase of oxygen in cold weather rendering the membranes immune.

Again, the doctor says the farmers who are continually subjected to the influences of the various pollens, etc., are seldom affected by it and seldom have hay fever. His explanation of why they are exempt is in my estimation very unsatisfying, and in order to better explain the reason I will first state some of my own history.

I was born and raised on a farm until I was nearly eighteen years of age. I helped to sow all kinds of grain and also to harvest and thresh it. We also harvested about thirty tons of hay every season, almost all timothy. We always had between twelve hundred and two thousand bushels of grain. The straw from which this was threshed was most always stored in sheds and mows for winter use. Threshing the grain was the most trying labor we had to contend with, and I have worked in the straw mow at the various threshing times when the dust (especially from barley threshing) was so dense I could not distinguish my helpers fifteen feet away; of course we were pretty well filled up with dust and dirt after a day of such work and often resorted to a dose of castor oil to clear ourselves of it, which sometimes made us quite ill for a day or so. Even after being subjected to all this several times in a season I never suffered with hay fever, nor did I know of any person who did. The question now arises, what caused me to get this disease nearly seven years after being away from the very substances which are claimed to produce it?

The farmers in Canada, where I was raised, were, generally speaking, very plain livers and their food, which consisted principally of salt pork and vegetables, while not very fancy was wholesome and just the kind of diet to keep the system neutral, the blood and secretions alkaline and capable at all times of resisting the action of all kinds of irritants which are said to produce hay fever.

When I said good-bye to my friends and the rest of the family I included the porkers also. During the following three years I am positive I never ate pork or salt meat in any form over half a dozen times; it was beefsteak almost continually, interspersed once in a while with lamb chops or something else in the fresh meat line. During my three years at college I never ate pork, except once in a while I had fried ham for breakfast. The disease came on me a little more than a year after leaving college, while I was still eating good juicy beefsteak. Now, for the cause. While I lived on a farm I ate salt meat wherein the acid had been rendered harmless through the agency of the salt and pure air, and my system was kept in a nearly alkaline condition and the membranes were capable of combating all the effects of pollens. But after feeding this same system on meats filled with acid juice, as I have shown in my more or less complete book, the blood gradually became impoverished and weakened, and the results were catarrh in winter and hay fever and catarrh both in hay fever season.

Dr. Blackley in speaking of the number of hay fever victims at the present time and comparing them with the number of victims of several centuries ago claims the greater frequency of the disease is due to higher education and society. He goes on to relate that previous to the reign of Edward III. the manufacture of cotton, woollen and linen fabrics was carried on to a considerable extent by persons who lived in the country, and when not busy with tilling of the soil occupied their time weaving with the hand-loom; but as time passed and the demand for these fabrics increased a considerable number of individuals were withdrawn from the preservative influences which a rural or semi-rural life exercises, and were placed under conditions which were favorable to the development of the predisposition to hay fever. (Quotation from Dr. Blackley's book.)

The doctor claims here that when the people moved into the towns they saw life in a different light and there was a demand for education and society, etc., and the extra strain on their mental or intellectual capacity superinduced the predisposition to hay fever.

Now is it not more rational to suppose that while these people lived in the country they each had a small farm or plot of ground and that they raised one or more pigs to supply them with meat, and this was always salted and kept for use during the whole

year, or greater part of it, and while living on it and such other diet as the country affords, together with pure air, kept their systems in an alkaline or neutral state, thus preventing the action of pollens? But when they were moved into these walled towns it is not likely they had very much ground to raise their own meat on, even if the law permitted them to do so; accepting this as true, then these people were forced to eat fresh meat, ready baked pastries, and to inhale more or less polluted air, with the same results as followed in my own case.

Well, some will say, how about those who are born and raised in the city and are forced to eat fresh meat, etc., all their lives, why do they not get hay fever?

My answer is, there are more and more new cases developing every season. I feel quite justified in stating that from two-thirds to three-fourths of all the sufferers can be relieved, if not entirely cured, if they would cut out from their diet fresh meat, pastries and pickles, and at the same time secure their proper amount of sleep, etc. It might require several years of this kind of living to get the system in a sufficiently neutral state to withstand the attack through the sultry season, but the sufferer will find his annual suffering period shortened and of lessened severity each season, besides the remedies employed will have more and better effect.

*1544 S. 13th St., Philadelphia, Pa.*

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### THREE CHAMOMILLA CASES.

By G. E. Dienst, M. D.

#### First Case.

One night last winter I was hurriedly called to see a lady who was said to be suffering severely from cramps. On arriving at the home I found a lady, aged about 58 years, in great anguish. She tried to vomit, but ejected nothing but a watery mucus; complained of violent spasmodic pains in the stomach, worse towards the pyloric end; her fingers and thumbs were drawn out of shape by the severe nervous strain she was undergoing and were so stiff that I could not bend them.

Her moans and screams were similar to those of a parturient woman. Her skin was cold and of a milky-white, her tongue

slightly coated white, her face the picture of the most extreme anguish. When a paroxysm of pain came she would scream and declare she could not endure another.

I dissolved a small powder of *Cham.* c m. potency in less than one-quarter glass cold water and gave a teaspoonfull every thirty minutes until better. Before she had taken the third dose, the paroxysms were growing farther apart, shorter and of less severity, and before taking the sixth dose the pains were gone. The medicine was stopped and a placebo given, and apart from a post-cramp soreness she was soon at her work again.

### Second Case.

Sometime since I was called early one morning to see a lady in the country said to be suffering very severe pain. On my arrival, and on examining my patient, she told me the pain was most severe below the waist line; was spasmodic, had produced nausea and vomiting, but no diarrhœa.

This was on Tuesday, and she had had these "cramps" since the previous Friday. She had been a victim of "stomach cramps" for some years, for which she received allopathic treatment. *Colocynthis* 1 m. (B. & T.), was given in water, a teaspoonful after each paroxysm of pain. I returned to my office feeling insecure about the results of my prescription, but I could find nothing more suited to her case than *Colocynthis*. The day passed and I had begun to think I had hit the mark, when at supper the telephone told me my case was worse.

I hastened to her bedside and found her writhing in pain, the skin cold but dry and the woman laboring between a condition of being frantic and angry. When asked where the pain was most severe she placed her hand on the upper part of her stomach and said: "Right here, doctor, right here." I gave her a powder of *Chamomilla* c.m. dry on the tongue, and prepared some in 6 teaspoonfuls of water, a teaspoonful to be given *after* each paroxysm of pain. I sat by her bedside for about thirty minutes and no pains came. I gave instruction that the medicine in the glass should not be given unless the pains returned. A telephone message the next morning told me that no more pains returned, nor did the lady take any more medicine. She recovered at once and went to her house duties, which are many on the farm.

### Third Case.

This was a boy of about ten summers, who was suddenly taken with severe pain in the stomach, to which he is accustomed, and when I arrived at his bedside he was moaning most piteously. The "cramps" did not seem to "double him up" at all, for I noticed he lay stretched out on his back and rolled from side to side holding his hands over his stomach. There was considerable nausea, but very little vomiting. I gave a powder of *Chamomilla* c.m. dry on the tongue, and left three teaspoonfuls of water in which I put a few granules of the medicine to be taken one teaspoonful after each pain if there was any. I have not learned whether he took those three doses, but saw him playing on the streets the following day and he has had no return of the trouble since then.

### Remarks.

The pains were paroxysmal, coming with equal regularity in each case about three minutes apart. In each case there was much irritation of the nervous system, impatience and fear that each successive pain would be worse than the preceding one.

In each case also the pain was confined to the stomach on and above the waist line and not in the bowels.

In each case the medicine acted promptly, a sensation of improvement coming within three minutes after taking it, and slowly continuing its work until entirely relieved.

In neither case was suggestion used to aid the remedy, nor did I resort to any local applications of heat or cold.

In neither case was there any disorder of the stomach following the administration of the remedy, but all organs assumed their normal functions within thirty-six hours, at longest interval, after pains ceased.

*Naperville, Ill.*

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## A RARE CASE CYSTIC DEGENERATION OF THE PLACENTA.

By John Kaufman, M. D.

I beg leave to relate per RECORDER a rare and interesting case. It is the first in my personal experience and have heard nothing like it from any physician with whom I have come in contact. It is that of "cystic degeneration of the placenta."

Mrs. ———, primipara, about five and a half months enciente. During that period she suffered as women in that condition usually do and presented the usual symptoms, subjective and objective, of pregnancy. One peculiar symptom presented, *viz.*: *Nocturnal* single gushes of blood, which continued at variable intervals in spite of treatment. On August 29th I was summoned to see her because of profuse hæmorrhage. It was 3 o'clock A. M., when I arrived at her home, and indeed there were unmistakable evidences of severe hæmorrhage. Physical examination revealed the usual indications of impending miscarriage. The os uteri was low down, undilated and undilatable to the finger. I applied thorough vaginal tamponage, and believing some hours would lapse ere dilatation returned to my home, informing the family that I would call within a few hours. On the way to the patient's home, four hours later, I met the lady's husband, who informed me that about half an hour after my departure tampon and lots of things like little balls came away. Arriving at the patient's home I was greeted by the mother-in-law with the information that a large quantity of something that looked like soap bubbles had been exuded. Upon examination I found a large number of small conjoined cysts with some degenerated placental tissue. The hæmorrhage had ceased upon the discharge of the cysts. Thus far her convalescence has been uneventful.

*Hazelton, Pa., September 1, 1903.*

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### THE LYRE AND THE CADUCEUS.\*

“If beebles vill be boets and bainters, let 'em starve!” Such was the response of one of England's royal Georges to an appeal in behalf needy genius. The penalty for wearing the singing robe and laurel wreath is abrogated, but other perils remain for him who walks along life's dusty roadside singing. Yet, if the lips shall have been touched with fire from the altar, sing they will, for sing they must!

“There is delight in singing, although none hear except the singer;” but there ever are and ever shall be other ears attuned to the song, for never the path so pleasant that a songburst did not add to its cheer; and never a path so grievous that a psalm from the heart cannot steal some of the bitterness from the tear.

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\*The Oceanides: Poems and Translations by Percy W. Shedd. New York. Grafton Press. MCMII.

It is not a new thing to find the lyre and the caduceus borne by the selfsame hands; the physician and the poet are not "incompatibles." The modest little book under notice is an instance, for although our singer is not yet a graduate, we must not forget that a physician *in posse* is a physician *in esse*.

Yes, our author's name can be found in the list of the Class of '04, N. Y. Hom. College; and if he shall wield the "little pills" as deftly as he doth the pen the school shall have cause for congratulation.

True it is that a rose by any other name would smell as sweet; but if one christened a rose skunk-cabbage, the anticipatory odor would scarcely allure. It is not, however, that a false priest has so christened this book; yet the name is simply a misnomer to the extent that it conveys no inkling of what may be found in or on its leaves—and this fact is unfortunate. To many a busy physician the name "Oceanides" will have too erudite a sound, and it is to be feared many may not be led to open the covers and find the treasure that they would hail with a cry of delight on cognizance.

Think what we have here—a medical student translating (and deftly, too) from the Danish, French, German, Italian, Spanish, and Swedish—from even the phlegmatic Dutchman, *Cats*, of the seventeenth century who was singing his stave, while yet the voices of *Dante* and of *Michael Angelo* are echoing in the ear.

As a translator, take time to read this

#### GYPSY SONG

From the French of Fleurigny.

The eyes of Elsen were so blue,  
They were so blue,  
That heav'n itself seemed pale and gray  
Like opal's ray!

Her golden tresses were so bright,  
They were so bright,  
The sun's effulgence seemed to fade,  
Became a shade!

Her lips had kisses, ah so sweet,  
Like roses sweet!  
The shame-faced flow'rets hid from sight  
As if in flight.

*The Lyre and the Caduceus.*

A day when gazing in her eyes  
 I saw the skies;  
 Under her lips the perfume blows  
 Of long-lost rose!

Then from the sunset land a prayer  
 Breathed in the air.  
 I heard the rustling beat of wings,  
 Of swallows' wings!

They swirled about me quick and slow,  
 And whispered low;  
 "Why dreamest thou?" they softly said,  
 "Elsen is dead!"

No old graybeard must presume to pronounce upon this tender rhyme; his pulses are too sluggish! But if he will look way, way back, beyond the mosses on *her* tomb—Oh, believe me, he will understand!

From so apt a translator and in such a leash of languages one would hardly expect such an original production as

## OLE UNCLE PETE.

Ole Uncle Pete wuz er white-haired dark,  
 An' er poor, ole dark wuz he.  
 He wore a coat wot by curtesy  
 Wuz dubbed er coat, but Ole Peter he  
 Tottered erlong, mumblin' merrily,—  
 Half er mouthful for a shark—

His fav'rite hants was the deep ash-cans,  
 Wot stood outside the door;  
 His clutch on er coal made the angels weep;  
 At er crust his joy put all 'ell to sleep,  
 An' cold as it wuz, Ole Peter'd keep  
 A-singin', "Pull fer the shore."

One day Ole Peter came by no more;  
 The ash-cans got er rest.  
 The streets wuz cold, not a soul wuz nigh,  
 When by chanst I lookt at the snow-filled sky,  
 An' I saw Ole Peter a-scootin' by  
 Asleep on an angel's breast.

Ole Pete wuz a preacher I'll not fergit;  
 May I go where Ole Pete hez gone.  
 His meals wuz scant an' his coat wuz thin,  
 But his soul wuz brave, an' they called him in  
 To a feast where angels are next of kin,—  
 An' he sings with the stars at dawn.

Yes, yes; I know this beautiful "dream," as you call it, is not "according to Hoyle," but what if it is in full accord with the great secret of Eternity?

Our poet has looked at life with other than sad eyes; at least that is the way I am obliged to read

DIZZY.

Sum kids a-whirlin' in the street,  
Like tops, a-spinnin' round upon their feet.

They squawk with glee to see the world turn round,  
An' tink themselves its center, I'll be bound.

Majestic Man, wot walks with so much pride.  
Metinks that like the kids you're dizzified.

"So say we all of us," now that our attention is called to it. But Life has had other and deeper lessons which not only our poet has had to read through the flood of blinding tears,—Eheu!

Let only those who yearn

    "for the touch of a vanished hand  
    And the sound of a voice that is still"

tarry to read

MY BABYKIN LOVE.

A fat little hand on a round chubby wrist,  
A dimpled and dirty, begrimed little fist;  
A fair little face with brave hazel eyes  
Whose innocent glance seems to fathom the skies  
And read what is hid in the unknown above.

A wan little hand from all earth-stain now free,  
A thin little face smiling no more on me;  
The golden curls sweep o'er a brow veined and fair;  
The lips part in silence . . . Good God, I despair—  
A last kiss, my baby, my babykin love!

My dear Mr. Editor, I do not know what the pantalooned readers of the RECORDER will say *to* you and *of* me for escheating so much space just to introduce, not a "new remedy," but a new poet. However, I happen to know that many a doctor's wife waits the coming of "THE RECORDER" with pleasant anticipations of something other than dry doctors' stuff; before such a jury both you and I can safely plead "Not Guilty."

*August 18th.*

S. A. J.

## BACILLINUM IN LARYNGITIS.

By H. K. Shaba, Hom. Prac.

I was lately called to attend a case of laryngitis, the patient being in this case a boy aged about three years.

The disease manifested itself a day previous to my taking up the case. At first *Spongia* and *Belladonna* were prescribed alternately with no effect. When I saw the case it was alarmingly developed.

The family history of the patient on his mother's side, which was perfectly known to me, led me to direct my treatment on a line hitherto unattempted by me. One of his sisters died of laryngitis, another was pulled through after a good deal of trouble. There were one or two cases also on his mother's side. All these, in my opinion, tended to show that the patient had a diathetic temperament to laryngitis, which threw a flood of light to the true treatment of the case.

I was at once led to prescribe *Bacillinum* 200 and abide by the result. The medicine acted like a charm. With electrical rapidity the troublesome symptoms subsided and the patient found much relief. A dose or two of the same medicine continued brought the patient to complete recovery.

*Pubna, Bengal, India.*

## ARUNDO MAUR.

ONEIDA, N. Y., Sept. 10, 1903.

BOERICKE &amp; TAFEL, N. Y. C.

*Gentlemen:* In a recent number of the RECORDER I read a short article on treating hay fever with *Arundo maur.* I immediately sent to you for it and by the time it arrived I had on hand for treatment two blooming cases of this disease, both being "old timers."

While I do not claim that both are entirely cured by the remedy, I can say that both have been very materially benefited and relieved, and are now very respectable and comparatively happy citizens.

J. T. WALLACE, M. D.

## HOMŒOPATHIC PHYSICIANS WANTED IN SOUTH AFRICA.

The following letter published in September *Hom. World* shows that the supply of homœopathic physicians is by no means equal to the demand:

*Sir*—Permit me space for a few lines on a matter which is of vital importance to hundreds of people in this colony. I refer to the absence of a thoroughly good homœopathic physician here.

It is a standing marvel that, in this "town of doctors," there is not one who is a homœopathic practitioner. In the face of such a splendid opening for a first-class man, which hitherto has not been taken advantage of, it makes one wonder whether the homœopathic system has fallen into disrepute at home.

I am confident that if a thoroughly able homœopathic doctor came to this city (and viewed from the aspect of the high mortality amongst infants alone, there is ample scope for half a dozen) he would very speedily have as large a practice as any doctor in this town.

Last season—and it's the same every season—hundreds of strong, healthy infants died of acute dysentery in this city, of whom a very large proportion would without doubt be living to-day had their cases been in the hands of competent homœopathic doctors. I make this statement with all deference to the doctors who are already here, but I cannot overlook the fact that I have seen children succumb to ailments which, in the hands of a homœopathic doctor, would have been easily cured. For me there is no more pathetic experience in Johannesburg life than the high mortality amongst infants—a mortality which I contend would, to a very large extent, be minimized by homœopathic treatment.

I am, etc.,

*Johannesburg, July 25, 1903.*

SIGMA.

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## OBITUARY.

A. R. Morgan.

Dr. A. R. Morgan, Waterbury, Conn., died during the past summer. Dr. Morgan was a graduate of the Homœopathic Medi-

cal College of Penna., 1852. He wrote some pamphlets in 1867 and 1868, and in 1889 Messrs. Boericke & Tafel published his pet work, on which he had been working, and correcting, for the greater part of his professional life, *Repertory of the Urinary Organs and Prostate Gland, including Condylomata*, one of the handsomest works on that publishing firm's list.

### Egbert Guernsey.

The following appeared in the N. Y. Journal, Sept. 19th :

Dr. Egbert Guernsey, the eminent New York physician, of whom Bret Harte wrote such a glowing eulogy, died at his home, at Fishkill Landing, yesterday.

The distinguished practitioner was attacked by bronchial pneumonia, which gradually increased in severity from Monday until it ended his life. A year ago he was near death's door from the effects of a hæmorrhage.

On July 9 Dr. Guernsey celebrated his eightieth birthday. For more than half a century he practiced medicine in New York, foremost among physicians.

It was around the head of this staunch pioneer in the field of homœopathy that the first storm of opposition to that method of treating disease broke, but he has lived to see his principles accepted.

While an enthusiastic and zealous advocate of the practice which he considers the nearest approach to nature's laws, he refused to recognize it by the title of Homœopathy or by any other sectarian name.

Although he amassed a large fortune, a greater part of Dr. Guernsey's work was along the line of medical charity. He accumulated most of his money in real estate speculation. Since graduating from the New York University in 1864, he has been engaged constantly in active practice, working also in hospitals, in dispensaries and doing much newspaper work.

The establishment of the Metropolitan Hospital on Blackwell's Island was due to his efforts and yearly he has been elected president of the institution.

He founded the Guernsey Maternity, and was active in organizing the Hahnemann Hospital, the Middletown Insane Asylum and the Samaritan Hospital. He was for a long time professor in the New York Homœopathic Medical College.

The ideas of Dr. Guernsey were made public by his writings which began in 1852 and continued until a few weeks ago. He was editor of two newspapers and was the founder of the New York Medical Times. A short time ago Dr. Guernsey was greatly worried by the suicide of his brother, W. N. Guernsey, in the Bronx.

The suicide was one of the city's leading physicians, and wealthy. The reason for his act was a mystery even to his brother.

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## CASES FROM PRACTICE.

Dr. Krauz in Kirn a. d. Nahe.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
July 16, 1903.

### I. An Abrotanum Case.

I. Attendance on homœopathic congresses always brings its rewards. So I found that only a few days after I had returned from the congress in Cologne last year, where I had heard the interesting addresses of my colleague, Dr. Stiegele, there was brought to my office, Emma Z., of Heunweiler, near Kirn. Her father reported that some two years before, she had passed through pleurisy, from which she was very slow in recovering. In the last three months she had again been poorly, complaining of dyspnoea and weariness. In the last four weeks her abdomen had become violently distended. The allopathic doctors consulted, saw no other refuge but an operation.

Her state on *Aug.* 12th was as follows: A weakly, very sick girl, her body distended as a pregnant woman would be in her last month, with a circumference of 96 centimeters (37.8 inches); tense with ascites; temperature,  $39.1^{\circ}$  ( $102.4^{\circ}$  F.). There was besides a pleuritic effusion extending up to the fourth rib. The heart was much excited; pulse, 120; anæmic noises. Urine normal. Diagnosis: tuberculosis of the diaphragm.

Treatment: *Abrotanum*  $\theta$ , four times a day, five drops. Later on, five drops, two times a day. Resting in bed. Diet without spices or stimulants of any kind. Compresses after Priessnitz's method. Report on *Aug.* 31st, 1902: improvement of the general condition. The abdomen soft, diameter decreased to 36.6 inches. Urine more copious. Same prescription.

Sept. 4th, 1902. I visited the patient, found her abdomen quite soft. Little ascites. Circumference of abdomen 36.2 inches. Pleural exudate diminished.

Sept. 20. At my visit she looked quite well. No more sign of ascites; abdomen, 34.7 inches. The right pleura is quite free. On the left side the lower posterior base of the lungs is 2 centimeters ( $\frac{3}{4}$  inch) higher up than on the right side. (There is a callosity from the former pleurisy.) Appearance and appetite are good.

October 28th, 1902. The patient came to my office with her mother. The mother says that she could hardly keep up with the girl in walking. General health very good. With the exception of the callosity from the former attack, the patient is fully restored and has not had a relapse so far.

## II. A Sulphur Case.

On the 12th of September, 1902, I was called in to see Mrs. B., in Dickesbach, near Fischbach, a. d. Nahe. For two years she had been afflicted with severe melancholia, and in all this time she had not spoken a word, has been indifferent to everything and only taken the necessary food. I found the patient in a remote room of the house, brooding dully, utterly indifferent. My questions she answered at most with a sullen nod or shake of the head. She made no opposition to being undressed and examined, but did not show the least interest in the proceeding. The examination did not disclose any morbid condition, especially no objective disturbance in the domain of the nerves. Only the skin of the face and of the body was strikingly rough and scaled off decidedly in some spots. This accompanying symptom seemed to me to be of sufficient importance to make a trial of *Sulphur*, the effect of the remedy on the psychical condition being also well known. I gave it in the first potency, five drops three times a day. To my joy I was informed that the patient within a week had spoken again the first words. At the same time she had begun to revive mentally and physically. She took some interest in her surroundings, did some work, was cheerful and recovered some appetite. The improvement continued and the patient now enjoys full health.

The question whether *Sulphur* effected this cure seems easy to determine. Suggestion must be excluded, for the patient had before been treated by eminent allopathic physicians, who no doubt

had treated her with all care. There had been nothing in my examination to excite her. I only spoke a few words to the patient and had manifestly made no personal impression upon her. The case was a *Sulphur* case, and this caused its cure.

### III. Conium in Tumor of Mamma.

On June 24th, 1902, Miss X., a teacher in a Kindergarten, thirty years of age, called at my office. She had been complaining for seven weeks of a lancinating pain in the left breast. Her allopathic physician had diagnosed a tumor, and had recommended an excision of the mamma as being of urgent necessity, as this was a malignant affection.

I found in the upper half of the left mamma a knotty, indurated swelling of the size of a large walnut and outside of it some smaller nodules. The skin was easily movable over it and was nowhere grown fast. There was no swelling of the axillary glands. Diagnosis: Not a carcinoma, but probably an adenofibrom. Prescription: *Conium* d. 4, five drops, twice a day.

July 31, 1902. The pains have entirely ceased, the swellings have diminished one-half in size; *Conium* was continued.

October 1, 1902. Hardly anything can now be felt of the tumors except some resistance in the spot where the larger tumor had been. No relapse so far.

### IV. Cure of an Osteoma without Operation.

"Operation on exostoses consists in sawing off or chiseling off the growths from the bones to which they are attached. But I would advise against such operations except where the disturbance of the function is considerable," thus writes Billroth, of Vienna, concerning the therapy of osteomas.

An internal treatment is not mentioned and does not seem to exist. But that Homœopathy is able to exercise an astonishing influence on such formations. I have had occasion to experience.

I observed for nine months a patient—Caroline H., from Merzweiler, twenty years old, who since her fourteenth year had been suffering from hypertrophic new formations of the osseous system.

An examination on September 20th, 1902, showed a slight exostosis on the right knee (*condylus internus*) and also three osteomas on the forehead, resembling bumps, of a size from that of half a pigeon's egg to that of half a hen's egg. These from their size and position were very troublesome and disfiguring. On the sternum near the junction of the second rib there is an-

other osteoma, the size of half an egg. These tumors are grown fast to the osseous base; their walls are as hard and smooth as bones, the skin may be pushed over them hither and thither. The oxostosis on the sternum and the right knee are said to have existed there for four years, while those on the forehead have only been noticed for six months. All the tumors show a slow but steady growth. The nutrition of the patient is very much impaired; the color of the skin is of a sallow pallor. In the blood there may be seen many red blood-corpuscles that have perished. The general health is defective. She complains of headache, weariness, amenorrhœa and lack of appetite.

Prescription: *Calcarea fluorica* d. 4, later in addition *Hepar sulph.* d. 4. The diet was almost wholly vegetarian.

In two months the osteomas on the forehead began to soften and in the course of December, 1902, and of January, 1903, they discharged a purulent fluid. When I saw the patient again, on January 1, 1903, the middle one of the osteomas was quite soft, but had not opened as yet. It was evidently filled with pus. The skin over the right osteoma was healing up, while on the left side only a slight cicatrice betrayed the former seat of the tumor. The tumor on the sternum was as yet unchanged. There was a decided improvement in the general state of health.

*Calcarea fluor.* and *Hepar sulph.* were continued; at times also doses of *Silicea* 4 d. were given. The treatment owing to the distance was largely carried on by letter.

On May 1, 1903, my journal reports: The forehead is fully healed up, so that the patient can go out again without covering on her head; the osteomas on the sternum and the right knee have disappeared. In their stead there are fistulas which give a slight secretion. The general health is satisfactory.

It would be difficult to ascribe this cure to accident. After these tumors had existed for years their resolution began soon after the action of the homœopathic remedies.

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## TREATMENT OF GALL-STONE AND NEPHRITIC COLIC.

By Dr. Cartier, Paris.

Translated for the HOMŒOPATHIC RECORDER, from the *Allg. Hom. Zeit.*  
March 26th, 1903.

Dr. Cartier observed that the violence and duration of an attack of gall-stone colic and of nephritic colic depends on the size and

shape of the calculus. The remedies which he used are known and tried, and have not only proved serviceable in his hands in a single case at the termination of an attack, but in a number of cases which were attended with varied and severe symptoms.

The violence of an attack depends on the number, size and form of the biliary and nephritic calculi; the very symptoms appearing in a case will show whether the calculus is round or has sharp corners. If the calculus or calculi are round, there is a sensation of weight and tension; the hepatic patient feels his waist pressed together. When the calculus has sharp corners, the pain is far more violent, the patient keeps turning, vomits and frequently cannot be quieted except by an injection of *morphium*. This will, indeed, calm the patient for a few moments, but what an awakening after the patient passes under the influence of the drug! Then the pains, unless the calculus has been in the meanwhile discharged, seems to become much more violent, and there is a question whether the use of *morphium* does not prolong the duration of an attack. Nevertheless Dr. Cartier thinks an injection of *morphium* is indicated if the patient cannot obtain a relief from his excessive pains in any other way.

In gall-stone colic, Dr. Cartier thinks that *Hydrastis canadensis* is most reliable in assuaging pains, and in shortening the duration of an attack. The experience of the English homœopathic physicians seems to agree with this opinion.

Dr. Cartier begins with a dose of ten drops of the mother tincture in half a tumblerful of warm water. After watching the effects of this dose for two hours, if the pain is not relieved, another dose of ten drops is given, and the same again in another two hours, so that the patient receives thirty drops in six hours. If the attack is over the next day, but there is a bruised feeling, the remedy may be continued, but in smaller doses, about five drops in the morning and in the evening.

All the cases, which the doctor adduced, where *Hydrastis* proved effective, were cases of clearly pronounced gall-stone colic, in the first stage. We can hardly speak of actually curing a case of gall-stone colic, if the cure occurs after more than one day, as the effect of the remedy would then be apt to coincide with the discharge of the calculus.

Besides *Hydrastis canad.* the author mentions *Calcarea carb.* which is valued highly and lauded by many physicians in gall-stone colic, but which he does not consider very effective in the

case of a very large calculus. *Berberis* has also been recommended, but the success or failure in its use as in that of *Lachesis*, will depend on the size of the corpus delecti. It is very difficult, as he remarks, to gain an absolutely sure verdict as to a remedy in an attack caused by the mechanical wrong position of a foreign body, on which medicines have so little effect.

One word more as to gall-stone colic from the clinical point of view. In manuals we generally read of the duration of the passage of one calculus. But a single calculus is of very rare occurrence. In a single stool, when the excrements are washed out, we usually find three, six or even twelve such concretions. We accordingly observe in a patient often a series of gall-stone colics, which continue in successive discharges for several days. So there are also what may be called partial gall-stone colics, *i. e.*, a passage of concretions, consisting of sandy detritus, composed mostly of cholesterine; this does not cause such intense pain and is usually classed as indigestion.

Homœopathy has remedies which check cholelithiasis, and the remedy proposed by Dr. Thayer, of Boston, *China*, especially in the mother tincture, seems to be the most reliable, though it seems to be most effective in uric diathesis. When the calculi consist, as is frequently the case of cholesterine, eggs and animal fats should be excluded from the diet.

### Renal Colic.

Dr. Cartier, based on numerous observations, gives the first place among remedies to *Pareira brava*. He knows a number of persons suffering from renal sand who for several years have moderated and cut short their attacks with this remedy, which acts with almost mathematical certainty. This seems to be an empiric remedy, there being no provings of it. Just as an attack threatens he gives ten drops of the 3 cent. dilution in half a tumblerful of water, the patient taking a spoonful every ten to fifteen minutes, until the colic is relieved. The remedy usually quiets the patient and puts him to sleep. After the crisis the remedy should be continued in the sixth dilution, to ward off a relapse. For this purpose the patient should also rest for several days, avoiding violent motions, exertions and concussions for some time, as these might bring down additional calculi. After the attack if, as is frequently the case, the kidneys continue to be sensitive *Argentum nitricum* will be found of service. *Kali*

*bichromicum* is also useful in irritation of the kidneys. *Lyco-podium* is especially indicated in red renal sand, preceding or following the passage of a calculus. When there is violent inflammation and discharge of blood *Cantharis* will be found suitable. During the pains *Berberis*, *Calcar. carb.*, *Belladonna*, *Nux vomica*, etc., might be considered.

When the calculus has passed into the bladder, the patient is not freed from his pains; sometimes the calculus remains in the bladder and there increases in size; sometimes it sticks in the ureter, causing intolerable pains and checking the urine; if it sticks in the urethra, it ought to be pushed back into the bladder with a probe.

Even in the most severe cases, there is always one remedy which will assist the ejection of the calculus from the bladder and moderates the cystitis calculosa: this is *Uva ursi*, which Dr. Cartier gives in the 6th dilution. He says of it: The remedy is indicated in the manuals of materia medica, especially in Farrington. Dr. Cartier confirms the action of *Uva ursi* in ejecting calculi from the bladder, from his own clinical observation.

From *Revue hom. Francaise*, February, 1903. The editor of *Allg. Hom. Zeit.*, Dr. Mossa, further remarks: "Fielitz in *Allg. Hom. Z.*, vol. vii, page 72, reports the discharge of calculi, as large as peas from the bladder, preceded by a discharge of bloody urine. DeHaen, even before that time is reported to have used the remedy with effect for the dissolution of renal and biliary calculi.

"Among the remedies enumerated, we miss *Belladonna*, especially effective in gall-stones, where the pains are sharp and shooting, coming suddenly and radiating from the central point of irritation in various directions. The patient is feverish and irritable. (Farrington). I myself have had many fine results especially in gall-stone colics from this remedy, but more especially from its alkaloid, *Atropinum*, in the 3-6 dilution.

"The action of *Hydrastis canad.* on the liver and on the biliary secretion is shown by its pathogenesis, but we cannot find it in any symptoms of gall-stone colic. But the experience of several English physicians, as well as of Dr. Cartier, speaks in favor of such a use of this remedy; though still more for *Calcarea carb.* 30. We find some grounds for the use of *Pareria brava* in the renal colic in a proving which is, however, incomplete and which especially points to its use in violent, very painful strangury."

## BOOK NOTICES.

**A Dictionary of Medical Science.** Containing a full explanation of the various subjects and terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Bacteriology, Pathology, Surgery, Ophthalmology, Otolaryngology, Laryngology, Dermatology, Gynæcology, Obstetrics, Pediatrics, Medical Jurisprudence, Dentistry, Veterinary Science, etc., by Robley Dunglison, M. D., LL. D., late Professor of Institutes of Medicine in the Jefferson Medical College of Philadelphia. New (twenty-third) edition, thoroughly revised, with the pronunciation, accentuation and derivation of the terms, by Thos. L. Stedman, A. M., M. D., Member of the New York Academy of Medicine. In one magnificent imperial octavo volume of 1224 pages, with about 600 illustrations, including 85 full-page plates, mostly in colors, with thumb-letter index. Cloth, \$8.00, *net*; leather, \$9.00, *net*; half morocco, \$9.50. *net*. Lea Brothers & Co., Philadelphia and New York

The RECORDER, though having half a dozen medical dictionaries in its office, always looks to *Dunglison* as the court of final appeal. A dictionary which has held its own through twenty-two editions and has satisfied the requirements of the medical profession for three-quarters of a century has become an indispensable institution.

A glance through the successive editions of this work brings home the marvelous advances of medicine during the past seventy-five years, a gain more than equal to the total medical knowledge recorded during the entire previous history of mankind. The number of words new in this edition, after the exhaustion of its predecessors in the short space of three years, shows that each day adds two terms to the science. Progress accelerates itself, and as medicine is now definitely proceeding in the line of precision, its terminology is growing not only in quantity, but also in quality, so that it becomes increasingly important for both students and practitioners to keep always conversant with the latest words and meanings.

A new feature in this edition is the introduction of illustrations in cuts, half-tones and colored plates, many of which are superbly done and will be highly useful to the student.

**A Compend of Human Anatomy.** By Samuel O. L. Potter, M. A., M. D. Seventh Edition. Revised and Enlarged. With 138 Wood Engravings. Also Numerous Tables and 16 Plates of the Arteries and Nerves. 372 pages. Cloth, 80 cents, *net.* Philadelphia. P. Blackiston's Son & Co. 1903.

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**A Compend of Diseases of the Skin.** By Jay T. Shamberg, A. B., M. D. Third Edition. Revised and Enlarged. With 100 Illustrations. 291 pages. Cloth, 80 cents, *net.* Philadelphia. P. Blackiston's Son & Co. 1903.

These two standard "Quiz Compend" appear in new and enlarged editions, thereby demonstrating both their popularity and merits. The price is really low for books of their class.

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**A Handbook of Obstetrical Nursing for Nurses, Students and Mothers.** Comprising the Course of Instruction in Obstetrical Nursing given to the pupils of the Training School for Nurses connected with the Woman's Hospital of Philadelphia. By Anna M. Fullerton, M. D. Sixth revised edition. Illustrated. 270 pages. Cloth, \$1.00, *net.* Philadelphia. P. Blackiston's Son & Co. 1903.

A very common sense yet modern and up-to-date book on the art of obstetrical nursing. The book is divided into fifteen chapters with forty-five illustrations. If you want a book on nursing, for those families who cannot afford a trained nurse this seems to be the book to get. It says nothing about prescribing medicines.

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**Plague; Its History, Symptomatology, Etiology, Forms, Morbid Anatomy, Diagnosis, Prognosis, Prevention and Homœopathic Treatment.** By S. C. Ghose, M. D. 94 pages. Cloth, 40 cents. Hahnemann Home, Calcutta. Boericke & Tafel.

Dr. S. C. Ghose, who received his degree at the Chicago Hahnemann, has written a very interesting little book on that scourge of the orient, "the plague." This disease, like yellow fever, small-pox, typhus, etc., is the result of overcrowding, filth, and lack of pure air and good food, for persons living in clean, well-ventilated quarters are practically free from it. Dr. Ghose says "it is a highly specific, continued, contagious and

most virulent fever, which greatly resembles typhus;" the glands swell, buboes and carbuncles of a gangrenous character may appear, with hæmorrhage, diarrhœa, etc. The prognosis is always grave. "The condition of the atmosphere has much to do with the recovery or death of the patient," the death rate increasing in proportion to the increase in humidity and temperature. Hæmorrhagic spots on the skin or hæmorrhages from any parts of the body is a fatal sign. The countenance of the victim is characteristic—apathy, haggard, vacant, bloodshot eyes, the face of one who, while apathetic, has not slept for days. Pulse always feeble. The tongue is fur-covered, but the tip and edges remain clear and red. The germs are not transmitted, in our author's opinion, but are indigenous. A torrent of rain with thunder and lightning often puts an end to the disease by sweeping away the foul and contaminating collections of the underground drains." Very full homœopathic therapeutics round out this monograph.

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**Return to Nature!** The True Natural Method of Healing and Living and True Salvation of the Soul. Paradise Regained. By Adolf Just. Authorized translation from the fourth enlarged German edition. 309 pages. Cloth, \$2.00. Published by the translator, B. Lust, 124 E. 59th St., New York City.

Says the author, p. 6, and it is a keynote to the book: "The more man listens to the teachings of science, especially of medicine, the more he becomes the victim of disease and misfortune, although science was extolled from the beginning as the dispenser of happiness and blessings." In proof of this he points to the savants, most of them being nervous and broken down. Per contra: "The true nature-cure system penetrates with its healing power into the innermost recess of the mind and soul," and "man is released from vice and crime, hatred, envy and malevolence." The object of the book is to tell its readers how they may attain this blissful paradise, though whether they can attain it, or when attained believe it to be paradise, is an open question. There are many good points about the "Naturopathic" ideas, and some from which the most of us beg leave to be excused, as, for instance, having the pneumonia patient go about naked for hours in the cold. He says that vaccination in preventing small-pox does a grievous injury to the human race, as eruptive dis-

eases, like small-pox, etc., are nature's means of freeing the body from foul matter and preventing of this process results in scrofula, paralysis and all manner of chronic ills. The book is interesting, at least.

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**The Battle of the Vaccines (A Kilkenny-Cat Fight).** By J. W. Hodge, M. D., Niagara Falls, N. Y.

**The Decline in Small-pox, which Preceded the Introduction and Accompanied the Adoption of Vaccination—To What was It Due?** By J. W. Hodge, M. D., Niagara Falls, N. Y.

In the first of these pamphlets Dr. Hodge produces the testimony of the rival vaccine makers against each other's wares. One firm says the dry points are "poisonous," etc., and another says that the glycerinated virus causes "blood poisoning," "tetanus," and "ulcerative results."

In the second pamphlet the author demonstrates that the great decline in small-pox preceded the introduction of vaccination and that the Jennerian practice had no part in this decline, the real causes being the general improvement in sanitary and hygienic conditions, the prohibition of inoculation, quarantine and isolation, disinfection, and improved clinical and therapeutic treatment.

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**Diseases of the Urinary Organs, including Diabetes Mellitus and Insipidus.** By Clifford Mitchell, A. B., M. D., Professor of Real Diseases in the Chicago Homœopathic Medical College. Urologist to the Chicago laboratory for Clinical Diagnosis. Illustrated. 716 pages. 8 vo. Linen, \$4.00. Postage, 30 cents. Philadelphia. Boericke & Tafel. 1003.

"To the general practitioner who in these days has need to be a 'specialist in everything' this book is respectfully dedicated" is what first strikes the eye after the title page is turned and it is the keynote of the book. It is a book written by one of our brilliant specialists of the urinary tract for his brother the general practitioner. Especial stress is laid on diagnosis of the ills and treatment of kidneys, ureters, bladder, prostate, etc., etc., as also when surgical interference is necessary and when not to operate. As for therapeutics, the general practitioner does not go so much to a book of this character for that branch of his profession, as for diagnosis, etc., but Dr. Mitchell in these pages gives *all* the accepted treatments, including, of course, the homœopathic. He also gives what, in his experience, has proved to be the best treatment. The book, we believe is at once the largest and most complete, and up-to-date work on this subject that ever came from the pen of a homœopathic author.

# Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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WHAT HAS BECOME OF THE LOCKJAW BACILLUS?—"The common opinion is that tetany is a functional disease, but the author's clinical observations convince him that it is a disease due to lesions of the roots of the nerves that control the muscles concerned. All the symptoms may be explained by such lesions. The lower cervical and the upper lumbar roots are those most frequently affected, but there are exceptions to this rule. The probable seat of the lesion is in the points of exit from the spinal canal, where the nerve roots are united into distinct functional units."—*New York Medical Journal*.

When you have such a case give *Hypericum*.

THEY ALL DIED.—"Möllers reports *four cases of tetanus treated with antitoxin, it having been given in each case within thirty hours* after the recognition of the first symptoms, and in large doses. In none of the cases was any result of the treatment observable, and *all the patients died*. In some of the cases, indeed, there seemed to be rather an increase of symptoms than a decrease after the use of the *Antitoxin*."—*Exchange*.

THE OLIVE OIL TREATMENT OF GASTRIC ULCER.—"Walko (*Centralbl. f. Inn. Med.*, 1902, No. 45) strongly advocates the use of *Olive oil* in gastric ulcer. The patients are put to bed, are fed per rectum, but are given *Olive oil* by mouth three times daily. The initial dose is a tablespoonful, which, however, if the patient tolerates the oil, is gradually increased to three tablespoonfuls. After swallowing the oil the mouth is rinsed out with some well tasting solution. Where its administration gives rise to much nausea the oil may be given through the stomach tube. In such case, three to seven ounces are introduced in the form of

a thorough emulsion. After the more severe symptoms of ulcer have disappeared Walko carefully and gradually returns to feeding by the mouth, but for another two weeks also continues the administration of the oil. According to his view, gastric ulcer heals decidedly more quickly under this regime than under any other."—*Medical Times*.

SCIENCE GONE TO SEED —Dr. Heneage Gibbes, the distinguished pathologist and bacteriologist, recently announced that alcohol is sure death to all breeds of bacilli, whereupon the *Chicago Tribune* responds:—

When the microbe diabolic  
 In your system tries to frolic,  
 Filling you with grippe and colic  
   Or the pangs of rheumatiz;  
 When the microscopic pirate  
 In your insides tries to gyrate,  
 You may calm his feelings irate,  
   You may check him in his biz;  
 When the fussy old bacilli  
 Make you feverish or chilly  
 You can knock the buggers silly  
   If you only know the ropes;  
 You can stop his wicked wiggle  
 And his nerve-destroying wriggle;  
 At his sorry fate you'll giggle  
   When you blast his rising hopes.  
 Be he germ or protoplasm,  
 You can throw him in a spasm,  
 Make him think he surely has 'em,  
   Give him something like a jar;  
 Be he big or moleculish,  
 You can curb his manner mulish;  
 You can make him know its foolish  
   To come rambling where you are;  
 For the julep bland aud minty  
 Makes the germ go like McGinty,  
 Gives him an impressive hint he  
   Cannot longer linger here;  
 And the bourbon, rye or brandy—  
 Either one that is most handy—  
 Makes the microbe understand he  
   Can no more fill us with fear.  
 So from now on drop the acid  
 That but makes the microbe flaccid

And leaves him dull and placid  
 (Or something to that effect),  
 And fill up with joyful juices,  
 With the booze that cheer induces—  
 There's the best of all excuses;  
 You but try to disinfect !

—*Chicago Tribune.*

But experience discloses  
 That the disinfected noses  
 Get the hue of damask roses—  
 Which is lamentably sad,  
 For each rude and vulgar fellow,  
 When the germs begin to bellow,  
 Is just mean to yell, "Oh,  
 Say, you must have had 'em bad !"

\* \* \*

WHAT ABOUT THE MICROBE.—Dr. Mark L. Knapp writes in *Medical Record*, September 10th: "Let us impress this upon our mind, that the phenomena of health and disease cannot (at least as yet) be demonstrated by the dissector's knife or by the microscope."

#### THE DOCTOR'S SOLILOQUY.

BY MRS. DR. E. B. FANNING.

My office hours, from seven 'till nine,  
 As plainly seen upon my sign,  
 And why some people wait 'till ten,  
 And come to see their doctor then,  
 Is quite beyond my comprehension ;  
 To fathom is not my intention.  
 But that is always like some duffers,  
 To never think the doctor suffers  
 From lack of proper rest and sleep,  
 And sometimes not a chance to eat.  
 It's very thoughtless, I'll confess,  
 To make a man get up and dress,  
 Unless they are in great distress.  
 So I am going to ask a favor,  
 In a few words used by our Savior,  
 Which is, kind friends, pray let me sleep,  
 FOR AS YE SOW, SO SHALL YE REAP.

## NEWS ITEMS.

Dr. Luther J. Ingersoll has removed from Denver, Colorado, to Paonia, Colorado.

Dr. John B. Garrison, he of the *Homœopathic Eye, Ear and Throat Journal*, has removed from 111 E. 70th St. to 115 E. 71st St., New York City. Nose and throat.

The Colorado homœopaths, at their recent meeting in Denver, adopted the following resolutions:

“WHEREAS, The American Medical Association has recommended the admission of the homœopathists to membership in all allopathic medical societies throughout the United States on condition that said homœopathists shall first agree to drop the name Homœopathy from any public or private use in their business and professional capacities; and,

“WHEREAS, We believe that our allopathic brethren are much more ignorant of Homœopathy than we are of Allopathy; and,

“WHEREAS, We believe that a knowledge of the truths of Homœopathy would be of the very greatest benefit to the allopathic school and the patrons thereof; and,

“WHEREAS, We desire, in the spirit of true fraternity, to reciprocate the courtesy which has been extended to us; now, therefore, be it

“Resolved, That the Colorado Homœopathic Society, in convention assembled on this, the 17th day of September, 1903, hereby extends a cordial invitation to all allopathic physicians in good standing to become members of this society, on condition that they shall agree to investigate the laws of Homœopathy and to give it a fair and impartial test in the practice.”

H. Emily Cady, M. D., who has just returned from Europe, has opened her office at 1027 Park Ave., near 86th St., New York City.

After spending the summer at Ocean Grove, N. J., where he was very busy, Dr. Percy L. Tantum has returned to New York City and opened his office at 223 W. 21st St., between 7th and 8th Avenues.

Dr. T. M. Dillingham has returned to his home at 8 W. 49th St., New York City, after spending the summer at Chesham, N. H.

Dr. Preston W. Wright has removed his office and home to 217 W. 105th St., between Amsterdam Ave. and Broadway. A location convenient to the new rapid transit station, the "L," station and the surface levies. Telephone 1766 Riverside.

Dr. Vere V. Hunt (Dunham, Chicago, '02), has formed a partnership with Dr. Wilbur F. Thatcher, under the firm name of Thatcher & Hunt, at 411 Linz Building, Dallas, Texas.

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CINCINNATI, O., Sept. 14, 1903.

HOMŒOPATHIC RECORDER, Lancaster, Pa.

*Gentlemen* : We have received the Carolyn Hooper \$25,000 bequest and the trustees have only to say whether they will accept cash or certain securities in bank stock or Cincinnati gas stock.

Very truly,

THOMAS M. STEWART,  
*Secretary Pulte Medical College.*

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LAWTON, O. T., August 20, 1903.

Editor of HOMŒOPATHIC RECORDER.

There is a splendid location here in the Territory for a good homœopathic physician. Field unoccupied. I will gladly give particulars to inquiries. Address,

ROBERT T. FOUSLEY, M. D.

*Lawton, O. T.*

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## OF GENERAL INTEREST.

BOSTON, MASS, Sept. 22, 1903.

MESSRS. BOERICKE & TAFEL,  
1011 Arch Street, Philadelphia.

*Gentlemen* : In regard to the old style dry points, will say that we think it doubtful if the profession can obtain such points from any propagator.

According to a recent Act of Congress all establishments in the United States that prepare for sale vaccine virus and analogous products are now subject to the supervision and control of the United States Public Health and Marine Hospital Service. No virus may be offered for sale by druggists or others except such as has been prepared in compliance with the requirements of the law.

The Bureau of Public Health favors glycerinized vaccine. If this Bureau will allow the sale of dry points the National Establishment will furnish the same, but up to date we have not been able to obtain them. Whenever we have them in stock will let you know.

Yours very truly,

NEW ENGLAND VACCINE CO.

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BROOKLYN, N. Y., Aug. 20, 1903.

MR. E. P. ANSHUTZ:

I notice that in the RECORDER you make mention of various locations where a homœopathic physician is needed. I would like to suggest that the following towns would be vastly improved with such an addition to their present attractions: Sharon, Conn.; Litchfield, Conn.; Dover Plains, New York; Lakewood, New Jersey.

As to some of these locations I know this from experience and some from hearsay.

Yours very truly,

*17 Schermerhorn St.*

PERRY DICKIE, M. D.

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MESSRS. A. G. CLARK & CO., Pharmacists in the Albany Hotel cor. of Stout and Seventeenth Sts., Denver, Colorado, have put in a complete stock of Messrs. Boericke & Tafel's homœopathic medicines and supplies, and hereafter Colorado physicians can obtain from them medicines in the original packages, clean, fresh and unopened. Messrs. Clark & Co. are enterprising, up-to-date and reliable pharmacists. Give them a trial order.

Messrs Boericke & Tafel have in press an exceedingly interesting work entitled *Pathogenetic Microbes*, by Dr. P. Jousset, of Paris, translated from the French by Dr. Horace P. Holmes. Dr. Jousset is at once a homœopathic physician and one of the leading bacteriologists of France, and his book contains the very latest on the subject. It will be a small work about the size of Burnett's famous little books.

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### NOTES ON THE MEETING OF THE N. Y. STATE SOCIETY.

The thirty-seventh semi-annual meeting of the Homœopathic Medical Society of the State of New York was held at the Lake Placid Club House (Adirondacks), Morningside, Essex county, New York, September 15th and 16th.

The Committee of Arrangements selected one of the most beautiful spots in the State, where business and pleasure could be ideally combined.

The meeting was opened by the President, Dr. J. W. Le Seur, of Batavia, at 10 o'clock A. M., with a short address, and reports were received from the various committees. A number of applications were received for membership.

The various bureaus met and papers were read on Gynæcology, Materia Medica, Obstetrics, Neurology, Ophthalmology and Otology and Pædiatrics, Surgery, Public Health, Clinical Medicine and Pathology, Laryngology and Rhinology.

Dr. Newton M. Collins, of Rochester, read a very interesting paper on some thoughts on the causes of the faflure following Gynæcological operations.

Dr. Alfred Waustall, of Baltimore, a guest of the Society, presented a scholarly paper on "An Examination Into the Evidence Upon Which the Action of Similars was Predicated Into a Law."

Discussion by Dr. Moffatt, Dr. Drury and Dr. Laidlaw.

Another guest of the Society was the well-known author, Dr. F. M. Lawrence, who read a paper on the "Treatment of Diabetis."

#### Notes of Meeting.

Dr. C. Haines, of Utica, Treasurer of the Society and Chairman of Transportation Committee, was always busy arranging some one's cemfort and pleasure.

Dr. Bessemer, of Ithaca, was at the meeting; he has been resting at Beaver Lake, after a hard year's work with typhoid epidemic at Ithaca; he reports only 4 per cent. deaths; the average death rate was 7 per cent. The doctor says that they will have their new water supply soon from artesian wells.

Some very interesting papers were read in the Bureaus of M.M., of which the well-known eye specialist of Buffalo, Dr. T. Park Lewis, is Chairman.

Dr. G. W. Robers and family, of New York, came up for a few days' recreation.

Dr. Dewey, the editor of the *Medical Century*, took the opportunity to run up from New York, where he was in the interests of his journal.

One of the most interesting of the many trips taken by the members of the Society was the trip on the little steamboat around Lake Placid. The golf links also claimed their share of devotees, and those who played said they were among the finest in the country.

Dr. A. E. Austin, of New York, took a flying trip to the meeting before going to the Rockies with a patient.

There were quite a number of exhibitors; infant food men, milk (condensed) men, grape juice men, typewriter men and pharmacists. B. & T. had a very interesting exhibit of books and medicine cases; among the latter was one in particular which attracted considerable attention; a card above it stated that it was the oldest homœopathic medicine case in existence, and it looked it. It was of tin, with vials made of goose quills, with corks in either end, to retain the medicine.

Dr. Charles Gennerich and Dr. Walter Gray Crump, of the Junior Faculty of the New York Homœopathic Medical College, enjoyed the social side of the meeting, both having their wives with them.

Dr. Thatcher, of Newark, N. Y., was present.

G. H. T.

## PERSONAL.

A river's mouth is not in its head, Mary; that is a paradox, child.

There are compensations—the poor live longer than the rich and have better appetites.

“A corn is a thickened state of the epidermis.” It is also a pesky nuisance.

“It is a bad business to drop behind the procession for want of a good working library.”—*Powell*.

Until the “regular brother” recognizes the law of *Similia* amalgamation is not possible; when he does it is here.

Children think that happiness lies in unlimited candy; men think it lies in money.

Had Hiawatha heard his namesake as often as have the long-suffering American public he would have tomahawked him.

**FOR SALE.** “A rare opportunity.” American Nauheim Chemical Bath Co.'s property at Millford, Pike Co., Penn. Covers half block, with large building in first-class condition, with 10 cypress wood bath tubs, capable of giving 200 baths daily, and all the necessary fittings for carrying on same. Property covered with beautiful trees, shrubbery and summer houses surrounded by substantial iron fence on stone wall. Popular summer resort, healthful location and make good sanitarium. Rare opportunity. Write to Dr. Geo. M. De Witt, Scranton, Pa.

There are millions in the U. S. steel if you know how to get them.

**STILL FOR SALE.** Have 20 shares of the Luyties Homœopathic Pharmacy Company. Having been unable to dispose of the same to or through the L. H. P. Co., I therefore offer this stock for sale. Address Eudora L. Crump, 693 Madison Ave., New York City.

It is strange how the average man fears fresh air and sunlight and will contentedly breathe air thick enough to ladle.

They say your true bibliomaniac would rather own books than read them.

The man who says nothing has the others guessing—or yawning, chiefly the latter.

If the Secretary of Agriculture thinks he can teach an old farmer anything he has another think coming.

**WANTED.** A homœopathic physician as a resident in a large institution. Apply to Dr. St. Clair Smith, 25 West 50th Street, New York City.

The stock market is as crazy on the toboggan as it was in the balloon.

Send items, papers, notes, removals, meeting notices, etc., etc., to the RECORDER.

All new subscribers to the RECORDER for the remainder of this year will be dated from January and receive remaining numbers of 1903 free.

# THE HOMŒOPATHIC RECORDER.

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VOL. XVIII. LANCASTER, PA., NOVEMBER, 1903. No. 11

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## ARUM TRIPHYLLUM AND OTHER ARACEÆ.

In my own experience, the most fruitful study of a remedy has been that made directly after I had accomplished a notable cure with it. On these occasions (which come to all of us), and while the flush of victory is tingling in our veins, I verily believe that the memory is more alert and retentive, and I do know that then one enters upon the special research with a keener zest and an untiring zeal.

The information then acquired is the more firmly fastened in the memory, as if some magical mordant had "fixed" it indelibly in the mind.

I believe also that the student will find it the better plan to not merely *read* the testimony of other observers, but to take his own notes as well, *writing deliberately* the salient features. By this process he will soon find how much firmer writing fastens a fact in the memory than even the most thoughtful perusal does, and certain it is that (as is the rule with every other function) the memory is strengthened by exercise. Earnestly, then, do I say to the young physician: "Burn 'the midnight oil' and of a truth you shall have your recompense."

In the lectures of him that was Richard Hughes—the most delightful reading for doctor's spare half-hour—it is written: "The one interesting point about *Arum* is the application which has been made of its local effects on the mouth to a corresponding condition when occurring in malignant scarlatina." *Pharmacodynamics*. Lecture XVII.

It is in no carping spirit that one objects to the limitations implied in "the one interesting point, its local effects in malignant scarlatina." Each of these statements involves a *petitio principii*,

for *Arum triphyllum* (the remedy treated of) presents the similitum of more than "one interesting point;" and it is an error to ascribe its deep-reaching action to "its local effects;" and to curtail its applications (as is done by implication) to a "corresponding condition when occurring in malignant scarlatina" is misleading. I believe that the reader will find that these objections are sustained by the facts.

The genus *Araceæ* is noted for possessing an acrid volatile principle which gives its species a place among the most potent acrid poisons in the respective regions producing them. Christison says, *Arum maculatum* is one of the most acrid vegetables inhabiting Great Britain, and that the *A. sanguineum* of the West Indies is so active that two drachms of the juice has been known to prove fatal in a few hours. Evidently, so lethal a quality implies far more than "local effects."

There is no record of profound poisoning by *A. triphyllum*, but Orfila has noted that when the fresh root of *A. maculatum* was given to dogs, they died in from twenty-four to thirty-six hours, "without any other symptoms than dejection, and the digestive canal was found somewhat inflamed."

Bulliard relates that three children ate of the leaves of *A. maculatum*. "They were siezed with violent convulsions. All assistance was unavailing, as they could not be made to swallow anything. The tongue became so swollen that deglutition was difficult and painful. One died at the end of twelve and another of sixteen days. The third, after suffering from diarrhœa, recovered. Its tongue was greatly swollen."

Christison also states, "I have known acute burning pain of the mouth and the throat, pain in the stomach, vomiting, colic, and some diarrhœa from eating two leaves."

Reinsch relates that he had eaten powder of *Arum* root which, though not acrid to the taste, produced severe burning of the throat soon after it was swallowed.

In order to rid himself of a tapeworm, a man of 43 chewed and swallowed the stalk of a leaf of *A. maculatum*. Immediately he felt a burning-hot pricking sensation in the tongue, throat and œsophagus, and intense pain at the epigastrium. His tongue became immensely swollen and salive flowed profusely from his mouth. In about a minute he vomited and ejected the stalk. This eased him, but the burning-hot pricking sensation and the swelling of the tongue continued for a day or so.

Chewing a stalk has also produced a *very intense pricking, stinging pain in the tongue and mucous membrane of the lips and throat, accompanied by a flux of saliva* that seemed to somewhat *relieve the pain.*

Another of these stalk-chewers had in addition to the pricking, stinging pain, *constriction and burning in the pharynx and a swollen tongue, the papillæ of which were injected and raised.* The *mucous membrane of the lips and throat appeared as if inflamed* and the *pains in the tongue and lips were increased by pressure with the lips.*

The non-lethal poisonings appear to denote the action of a powerful local irritant. The convulsions in the lethal instances are in all likelihood reflex phenomena from gastric irritation—*not unusual with children; but the deaths after twelve and sixteen days reveal deep-reaching and long-continued constitutional effects that mere local action does not suffice to explain.* There are consequences of the poisonings which the vaso-motor and sensory nerve phenomena are not sufficient to explain; besides excitation of function there are evidences of organic change in the blood *probably*—in the se- and excretions positively. The resemblance to a cachexy, in which *Arum* displays its power is denoted by the known clinical applications of *A. triphyllum*; and we shall find that the empirical use of the Araceæ has led to the recognition of the value of *Arum* in cachectic conditions.

Three and one-quarter centuries ago the following “*vertues*” were ascribed to *Arum dracontium* and *A. maculatum*:

“These herbes, but especially their rootes and fruit, are hoate and drye in the third degree.

“The rootes eyther boiled or rosted and mingled with hony and afterward licked is good for them that *cannot fetch their breath,* and for those that are vexed with dangerous Coughs and Catarrhes—that is to say, the distillation and falling downe of humours from the brayne to the breast; and agaynst *convulsions* or Crampes, for they divide, ripe [en], and consume all grosse and tough humours, and they scoure and clense all inwarde partes. They have the like power whan they are three or foure times boiled until they have lost their acrimonye or sharpnesse, then to be eaten in meates, as Galen saith. [According to Dioscorides the bulbs were eaten as a pot-herb.]

“The same dried and mingled with hony scoureth malignant and fretting ulcers that are harde to cure, especially if it be mingled

with the roote of Brionye; and it taketh away all white spottes and scurvinesse from any parte of the body that is rubbed therewithal.

“The juyce of the roote putteth away all webbes and spots from the eyes, and it is good to be put into Collyres and Medicines that are made for the eyes.

“The same dropped in the eares with oyle taketh away the paine and greefe of the same.

“The fruit of Dragons [*Dracontium*], cureth virulent and malignant ulcers and consumeth and eateth away the superfluous flesh (called Polypus) that groweth in the Nose; and it is good to be layde to Cankers and such like fretting and consuming ulcers.

“The freshe and greene leaves are good to be layde unto freshe and greene woundes, but they are not profitable when they be dried.

Half a century later “the long experience and industry of William Langham, Practitioner in Physicke,” enlarged this list. He says “the vertue is in the seed, root and leaves. Applied with the dung of Oxen or Kine, it helpeth the gout in the feet. The hearbe is good to cleanse the breast. The juice in a pessary provoketh the terms. For the Emerods [hæmorrhoids] and Figge in the fundament [sycotic growths] boyle it with Mulline [*Verbascum thapsus*] and use it [topically]. For old apostumes, stamp the hearbe with old swines grease and apply it hot. For the scrophules [enlarged glands], stamp the hearbe with *Squilla* and old Bores grease and apply it. Take one dramme of the powder with two drammes of sugar for the hicket, or yexing [hiccough]; to cleanse the lungs; to purge the stomach of flegme and melancholie. The root either stamped or drie doth mightilie purge women after their childbirth. It doth the like unto cattell. The juice of the distilled water also helpeth the swelling of the cods [testes], being drunke two or three ounces at once with a little vinegar.” He says elsewhere, “Put a little vinegar with it and it will not blister the tongue.” [Hence the large quantity that could be taken as a dose for the suffering “cods.”]

“There is no better medicine for the plague sore and Carbuncles than the fresh leaves stamped and applied; and the same either greene or dry doth help old and rotten sores of the feet. The water and juice healeth all manner of sores. The leaves and roots sodden in wine or oyle and used in insessions [hip baths], healeth the Figs of the fundament and the falling down of the same [procidencia ani]. Stampe half a pound of sodden or rosted roots and

seethe them with half a pound of hony and use it to help them that cannot draw their breath. \*Seethe it with Rose leaves, oyle and wine and Cummin and apply it to heale the *swellings of the tongue and eares*. For *Kirnels*, or Kings Evil, stampe it with Bores grease and apply it."

While we smile at the artless simplicity and simple trustfulness of these old physicians, still there is more than many of us imagine in their testimony to these empirical "vertues." To me, at least, these ancient records throw light upon our latter-day provings and substantiate, in a degree, symptoms that closet-critics call into question.

(In a subsequent paper we shall follow history of *Arum* through the 18th and the 19th centuries, but before leaving it here, let us record a bit of deviltry communication by a grave herbarist, who retired from active business some two centuries ago. "The fresh Roots cut small and mixed with a sallet [salad], will excite excellent sport with a sawcy sharking guest, and drive him away from his over-much boldness; and so will the Powder of the dry root, strewed upon any dainty bit that is given him to eat; for, either way, within a while after the taking it, it will so burn and prick his mouth and throat that he shall not be able to eat any more or scarce speak for pain."

By that token we see that human nature is as constant in its habits as drugs are in theirs, for who has not met the "sawcy sharking guest" and his "over-much boldness?"

But what a dry joker this "William Cobes Herbarist" must have been; he has his dose ready for the saucy social shark, and yet he calls his book "Adam in Eden, or Nature's Paradise," as if Adam had guests!)

September 28th.

S. A. J.

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## A FEW OF THE TYPHOID REMEDIES WITH KEY-NOTES.

By Frank Branen, M. D., Chicago, Ill.

In presenting a short paper having to deal with the homœopathic therapeutics of Enteric Fever the review must necessarily

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\* It is noteworthy that Pliny writes: "Cleopantus extolled this plant [the *Arum dracuncululus*] as an antidote for poison and for the treatment of *pleurisy and peri-pneumonia*, and also for *affections of the tonsils*.

be very incomplete, and one can scarcely hope to present anything altogether new. However, we may hope to bring to mind, perhaps, some indications and uses of a few remedies which may have been in a measure forgotten.

The remedies which may be indicated in typhoid fever with its many complications may, of course, include a majority of the medicines in the *materia medica*.

However, in most instances the skillful use of remedies included in a list of fifteen or twenty, will yield results that are very satisfactory. Making a prescription in typhoid fever, as in most acute maladies, is different from prescribing for a chronic disease, inasmuch as we often are obliged to make a prescription at the bedside to meet new symptoms or complications that may arise suddenly.

Therefore, it becomes necessary for us to be especially familiar with those remedies which are most likely to be indicated in this disease. We cannot say that one remedy is more important than another, because if a remedy is indicated in a given case, it is the one altogether important in that case at that time.

All the remedies mentioned here I have used personally in typhoid with the exception of *Muriatic acid*.

I believe in no other disease are the mental symptoms of more importance than in typhoid fever, so that I shall endeavor to emphasize these somewhat.

*Baptisia*.—A remedy introduced by a practitioner of our own city, the late W. H. Burt. A distinctly adynamic remedy.

Head seems detached from body; imagines he is two individuals.

Body seems scattered about; falls asleep when talked to; decidedly bad state of mucous membranes, as shown by heavily yellow coated tongue and very offensive foetid breath; besotted expression; stupid pulse without tone; tender abdomen; flatulency.

I have found this remedy very useful in pseudo-typhoids, or any condition of the system resembling typhoid.

*Bryonia*.—Different from *Baptisia*. Patient is contrary, abrupt, irritable and morose.

Delirium about business or affairs of the day; easily angered.

In looking for these mental symptoms of *Bryonia* we must not expect to always find a positive outburst of anger, but rather an irritable expression; thinks he is away from home and wants to return; dry mouth; bitter taste; little thirst; pressure in forehead; vertigo when turning head on pillow; soreness of abdomen, worse

from any motion. *Bryonia* corresponds well with the bronchial symptoms present in first stages.

*Belladonna*.—Not essentially a typhoid remedy, but very useful in outbreaks of certain symptoms—red face, evidence of great cerebral congestion; throbbing of arteries; dryness of mouth and throat; attempts to escape; patient stares with unusually bright eyes, or may be dull and stupid at times; sleepy, but cannot sleep; pain on light pressure; peritoneal irritation. *Belladonna* will do more to quiet such symptoms than a material dose of any sedative.

*Gelsemium*.—A valuable remedy when the first stages resemble la grippe. Great prostration and chilliness; heavy eyes; slow pulse; cold hands and feet; head feels many times its normal size; double vision; not any particular gastric or abdominal symptoms.

*Nitric acid*.—Despondent; anxious; fear of death; slimy acid discharges; hæmorrhage; white coated tongue; soreness of tongue; expectoration bloody; lung symptoms prominent; loose rattling cough; symptoms of pneumogastric paralysis; great disparity between pulse and temperature.

*Mercurius*.—Beyond anxiety the mental symptoms are not very prominent. Most useful when hepatic symptoms are prominent; tenderness in hepatic region; swollen, bleeding gums; thick, dirty white coating on tongue; slimy stools; muttering delirium; answers slowly; muddled condition of head; dizziness.

*Hyoscyamus*.—Sees persons who have not been present; silly laughter and expression; crying and laughing; twitching of muscles even to spasms; throws off covering; grating of teeth; sparkling eyes; wild-eyed; tongue dry and cracked; sudden drenching sweat; plays with fingers; paralysis of sphincters; he may have quiet stupor, asking for nothing, or he may have wild delirium.

Personally I prefer to use *Hyoscine* 3x trit.

*Rhus tox*.—Muttering delirium; talking incoherently; answers slowly; arouses somewhat when spoken to; answers slowly, but for the most part correctly; delirium of mild type; anxiety; restlessness of both mind and body; sadness and weeping; tongue dry and red; saliva bloody; gums and lips covered with brown crusts; involvement of bronchi; tenacious, bloody expectoration; always worse after midnight; bowels loose, involuntary, also worse after midnight.

*Teribinthina*.—Tympanites; hæmorrhages; bloody urine; strangury; one of our most valuable remedies in tympanitis and hæmorrhages.

*Agaricine*.—Uses wrong words; patient has great strength in delirium; indicated in general by muscular irritation; tremors; constant desire to get out of bed; movements more like chorea than those calling for *Rhus*.

*Agaricine*, *Belladonna* or *Hyoscyamus* are three of our most valuable remedies to quiet nervous excitement in typhoid.

*Muriatic acid*.—Startling hallucinations; eyes and ears very sensitive; tongue slightly coated; very slight discharge from bowels, but apt to be involuntary; sliding down in bed; copious urine, which probably accounts for the slight bowel passages; temperature not high; pulse very fast and intermittent.

*Arsenicum* and *Carbo veg.* may be mentioned as remedies in extreme cases.

The success of homœopathic remedies in typhoid as elsewhere depends on our skill in administering them.

Nature's tendency when assailed by the bacillus typhosus or any other bacillus is to get well. That the totality of the symptoms, which we have been taught to call the disease, is nature's own expression of her efforts to get well none of us pretend to deny. The efficiency of homœopathic remedies to bring these symptoms safely and quickly to a successful termination we also cannot deny.

The effects of the same disease on different individuals are not constant or uniform. We cannot, therefore, expect typhoid to present the same picture in a patient already having malaria as in one suffering from cirrhosis of the liver. Temperature, constitutional bias, effects of previous diseases, malignancy of certain epidemics, all serve to produce different conditions which makes any routine treatment silly and ridiculous.

If a prescription is made on pathology or morbid anatomy it is more or less of an accident if it should prove to be a good one. There are reasons for this. The *Materia Medica* has not been founded on pathology, but on symptomatology. True enough we can often make a fair prescription on grosser morbid anatomy at times, but it is very uncertain and more unnecessary.

In this method of prescribing we are depending on our interpretation of the effects of the disease on the organism.

On symptomatic prescribing we are guided by *Nature's* interpretation which is unerring, and we should be heartily ashamed of ourselves to presume that we could make a better interpretation than that made by Nature.

*Chicago, Oct. 15, 1903.*

RESTRICTIVE MEDICAL LEGISLATION.—THE  
OTHER SIDE OF THE QUESTION.

By Perry Dickie, M. D.

State medical laws restraining physicians, who come from other States, from practicing within their borders without a license, are subjects of no end of criticism. Some of our medical brethren characterize them as acts of the greatest injustice and lash themselves into a state of fury when contemplating their very existence.

It would seem to the writer, looking at this matter from an impartial and unbiased standpoint, that these laws are a necessity being founded upon the old principle, "self-preservation is nature's first law."

And in his opinion there is another side to this question that many of us apparently over-look in passing judgment of an adverse nature on these measures.

We are all aware of the fact that the State of Connecticut has recently enacted medical laws very similar to those of other States, for the prevention of unlicensed, or illegal, practice of medicine within its jurisdiction.

Within this same State the writer has spent six summers at one of its popular summer resorts, but at no time during his sojourn there has he attempted, or even desired to practice medicine. Therefore, he feels perfectly at liberty to express his opinion on this subject without, in any way, being charged with self-interested motives.

During this time he has learned by observation the amount of hardship that can be entailed upon the country physician from the violation of these laws by outsiders who ruthlessly invade the town and ply their vocation without any respect for the laws, or consideration for others whom they are injuring.

In this same town are two resident physicians—both old school—one of whom, by the way, is a very able man, much above the average standard and fully able to hold his own against his city competitors if given a fair showing. Yet these two residents are compelled to stand aside and see all their possibilities of practice among the city visitors entirely gobbled up by several brethren of their own school who spend their time at this resort, ostensibly for

rest, but seemingly more so for what cash they can pick up, from the way in which they swoop down upon the unwary individual who happens to complain of any ailment. This has been going on for years, without a license, according to the authority of the Town Clerk, and apparently in disregard of the existing laws, and what is strangest, without a word of remonstrance from the two residents who, lamblike, permit this state of affairs to go right on as if they had no interest in the matter; in fact, rather as if it were some other person's business entirely.

We graduate men from our colleges and expect them to come up to a high standard of ability, while our laws require them to pass examinations, by no means easy, as a guarantee of their possession of the proper qualifications before they can locate in a town, or city, to practice medicine.

Yet in the face of an existing state of affairs such as this, we expect them to be content. Surely as long as we have these laws it is the duty of our medical societies to protect the practitioners of their own State, as well as aid in the enforcement of the laws that many of them have been instrumental in enacting. Otherwise we cannot expect good men to locate in country towns where nothing is allowed them but the hard and ill paid work of the winter season, and to be deprived of what they can earn in the summer by this outside interference. In short, to take the odds and ends, while all the tit-bits fall to outsiders who are not entitled to them. Surely with an existing condition such as this, we cannot but approve of some form of restrictive legislation to check, if possible, this wholesale wronging of the country physician.

Still with all this the writer cannot, in justice, favor our present State medical laws that seem to be a kind not possible of enforcing. Is it that some have a large stock of what the Irishman would call "infloence," or we of the city term "pull," that they are so continually disregarded?

However, with the present non-uniformity of medical standards we can do nothing else than depend on these same much-abused laws—and they should be enforced against all, and none should be exempt from their rule.

Surely protective measures of some kind are absolutely necessary for those of us who have satisfied the higher requirements in our education.

We should not complain. Let the graduates from "diploma mills" do the growling. Legislation aims at least to protect us and will if it is enforced.

Reciprocity, that will-o'-the-wisp of some of us, with the present existing state of affairs, is certainly not practicable and is out of the question until we succeed in obtaining a uniform standard in medical education. This is not yet in sight and will probably never be so in our time, or even that of our children.

We may rail at laws of this kind which some of us call unjust, but in the opinion of the writer, the greatest injustice we can see in them is in their non-enforcement in all cases.

Remedies innumerable we may advocate with the expectation of bettering things, but the law of self-preservation must be ever paramount in all, and a necessary factor at all times in life. This must be the case until mankind learns to practice—not preach—the code of ethics towards others as he expects it to be done unto him. When that time arrives then will legislation of all kinds be unnecessary. But most assuredly this will not be in our day. Until that time, as protection is necessary, we cannot do otherwise than avail ourselves of what we can obtain from legislation, which, although it may be faulty, is better than no existing barrier to lawlessness.

Some of us actuated by certain erroneous legal opinions adverse to this legislation are lulling ourselves to sleep in blissful security under the fond delusion and accordingly violate these laws with impunity by practicing in other States without a license. To these I would advise an early awakening to the realization of a possibility of some day finding themselves amenable to these same laws and suffering accordingly for their infraction.

In concluding, I am happy to state that I have not yet seen a case of this kind perpetrated by one of our school.

Inasmuch as this matter, referred to above by the writer, is one solely between our old school brethren, some of us may think it a subject outside of our jurisdiction and therefore not of interest to us. Truly this especial case may be so. We must, however, remember that it is but one of many constantly occurring and that probably a large number of the other men of our own school are being encroached upon by these outsiders. Hence, it is most decidedly a matter for our efforts in effecting a reform.

*Brooklyn, N. Y.*

## CLINICAL CASES FROM THE EAST.

By A. W. K. Choudhury, M. D.

Pneumonia Treated With *Lycopodium*.

October 18, 1902, I was called to see a Hindoo boy of twelve years. I saw him on the eighth day of his illness. I found him delirious, with high fever. The temperature in the axilla was 105° F. The history and symptoms of the case are as follows:

Remission latter part of night; pungent heat all over; abdomen tympanitic on percussion; pain under percussion on right hypochondrium and epigastrium; occasional involuntary urination; occasionally drowsy and delirious: delirious talks; thirst, with aggravation from heat; asked for water in my presence; delirious talks of daily affairs; half-closed eyes; eye-balls sometimes turn upward; today one stool consisting of one or two drops of blood-like substance; moist cough, with heat, but increases during the evening till latter part of night; pupils dilated; vessels of conjunctivæ injected; fever began with a severe chill; one stool every alternate day; previous stools hard and formed first portion, latter portion soft; exposure to night dew the night he contracted fever; right-sided pneumonia; upper part of anterior chest dull and painful on percussion; downward passage of flatus; fan-like motion of *alæ nasi*; tongue, anterior red, posterior yellowish-white and moist; received allopathic medicines from sixth day of his illness; urine red, with moaning and groaning during micturition; cough with expectoration in heat of fever; had itch-eruption once.

Treatment.—*Lycopodium* 30, two doses for the night. 19-10-'02. Temperature (2 P. M.), 103.2° F.

Almost no delirium; answers intelligently and reasonably; slept last night; last night could lie on both sides; thirst, but less today; no injection of vessels of conjunctivæ; complains of hunger; expectoration easy; sputa frothy, whitish, slightly rust colored; pain under percussion on right hypochondrium and epigastrium; abdomen less tympanitic; passed, consciously, one yellowish, loose, rather large stool; no involuntary passage of urine after beginning of treatment; tongue slightly improved; no more motion of *alæ nasi*.

Repeat one dose of *Lycopodium* 30, as above.

20-10-'02. Delirious last evening, until latter part of night;

no thirst this morning, but, after last evening, no stool; urine as above; not delirious this morning; coughs; expectoration easy; pain less; can lie on right side; sleep little.

Treatment.—*Lycopodium* 30.

21-10-'02. Slept last night; delirious during the evening; urine gradually clearing; tympanitic state of abdomen less; can lie on right side; aggravation of cough evening; expectoration easy, sputa whitish.

Repeat one dose of *Lycopodium* 30.

22-10-'02. No more delirious talks; no more stool; urine less colored; fever less; thirst less; can lie on both sides; no pain in right side; pain in left side of chest; no tympanitic state of abdomen; complains of hunger.

27th. Last report on the 23d inst. that he was improving.

On the 10th of November, 1902, reported full recovery.

*Remarks.*—The patient was a poor paying one so we could not hope to see the final result of the treatment. His brother, under whose care he was, discontinued the treatment for pecuniary reasons, so I cannot give here the latter portion of the history of the case. But as far as is apparent from the history of the case while under my direct medical treatment, the improvement was all very satisfactory. When the two small globules were given for the patient his relatives and dear neighbors, who were present there, remarked silently on them that it would be very difficult to get good results from them, as mouthful doses of the previous treatment produced no good at all. But these two insignificant globules played magic and produced wonderfully good results. A case of pneumonia complicated with delirium, tympanitic abdomen, pain under percussion on right hypochondrium and epigastrium, occasional drowsiness, redness of conjunctivæ, passing of blood per anus, and occasional involuntary urination, is by no means an easy case for treatment.

In treating a case of pneumonia Homœopathy can supply a good many well-known medicines. *Lycopodium*, though a very useful and good medicine, is very rarely used in the treatment of pneumonia. In a very recent homœopathic medical journal, just now the name forgotten, a case of pneumonia of the uncomplicated sort was reported as being treated beneficially with *Lycopodium*, whereas in our present case, a typically complicated one, strangely good result followed the first two doses, and relatives and neighbors were actually amazed at the satisfactory result.

What caused me to select *Lycopodium* for the patient? The first symptom that reminded me of *Lycopodium* was the *fan-like motion of the alæ nasi*, and the second was *moaning and groaning at the time of urination*. There are other reliable symptoms from the totality.

Before the above case came to my hand to be treated I had had the good luck to get two different cases of pneumonia in one house, but on different occasions, and both had been treated successfully and satisfactorily with *Lycopodium*. The last mentioned two cases were also very badly complicated. In these two cases, too, the *fan-like motion of the alæ nasi* caused me to select the medicine.

#### A Kali Bichromicum Case.

Patient, a Mahommedan old lady, had been suffering from intermittent fever for about a month previous to her coming under my medical treatment, on the 18th of October, 1902.

History and symptoms of the case: No chill; time, 2 P. M., burning in body, and heat of soles of feet and palms of hands; no thirst till evening; no sweat; complete apyrexia; daily one scanty, soft-formed stool; thread-worms; gets up twice or thrice per night to make water; puffiness of face; bitter and sour taste in mouth; appetite not good; sleep good; same hour of the day every day.

She was given *Sulphur 200*, one dose. The next visit was on the 24th inst., when she was found somewhat better. Another dose was given and she was found, on the 26th inst., still better. One dose more was given.

I heard no more from her until the 4th of the next month, when she was found with the following symptoms: Throat sore down in the trachea; aggravation at night; difficult deglutition; had caught cold two days before; now there was cough and coryza; nasal mucous discharge and expectoration thick, tenacious, but easily detached, of yellow or whitish color; burning of soles of feet and palms of hands; insufficient hard stool daily once; gets up three or four times per night to pass water.

Was given *Kali bichromicum 6*, two doses. She was found on the 6th inst. somewhat better and the medicine was repeated, two doses. On the 8th inst. there was no pain in the throat, coryza almost gone, cough less, no heaviness of the head and body. Repeated two more doses. Four doses more were required to complete the cure.

*Remark.*—*Kali bichromicum* is an excellent medicine in coryza and cough with hardened, tenacious nasal mucous discharge.

#### Merc. Sol. in a Case of Renal Colic.

Patient an adult Mahommedan, aged about 35 years; seen first the 25th of April, 1902, with the following history and symptoms: The 12th day of his illness; aggravation last night; cannot stretch out lower extremities; cannot lie on right side; under pressure tender from right hypochondrium to right iliac region; tenderness in right renal region; in the severity of the colic, which was all very excruciating, he was very restless, stretched out and threw out his limbs very violently; had such a paroxysm of colic once about five or six years ago; in the course of the colic on this occasion he had some rubbing of his abdomen; tongue irregularly coated and clean in the middle part, yellowish-white coating; bitter taste in mouth; no thirst; constipation, no stool yesterday, two ineffectual urgings to stool to-day; two stools consisting of small dry knots with streaks of whitish mucus, two knots each time, day before yesterday; urine reddish and passed with no burning; vomited about twenty-five times during last night; vomiting by introducing finger in the throat, no relief following; no sleep last night; acid and sometimes bitter vomitings; recently had undergone severe bodily labors which caused him to eat and bathe irregularly; carotid pulsation visible.

Treatment: *Merc. Sol.* 6th, one dose.

26-4-1902. Lying comfortably on the right side when seen in the morning; reported no vomiting after first dose; one hard-formed, scanty stool to-day; no more bitter taste in the mouth; tongue almost as above; pain under pressure on right side of abdomen, much less than that of yesterday but comparatively more on right hypochondrium and on right renal region; urine reddish with burning on passing; slightly hungry; better to-day than yesterday; still there is some difficulty in stretching out the lower limbs.

Repeat two doses for to-day.

*Remarks.*—Required no more medicine and has recovered. This is a very good case and it has a somewhat strange history not yet told. Forenoon, 25th April, 1902; when I was out and about five miles from my residence, in a village I met an old patient; he asked, "Where are you going, sir? Are you going to attend a case in this village who was almost dead this morning?"

In reply I told him "no." He said, "Very well, you could get that case, sir." Thus ended the conversation and I was not very glad to get the case as it appeared to be almost beyond recovery.

No sooner, however, had I noticed the extreme *difficulty in lying on the right side* than I had no hesitation as to the medicine. This above symptom has oftentimes assisted me in giving ready relief to many patients and to restore them to health, whether the cases be of pneumonia, hepatitis or renal colic.

#### Rhus tox. in a Case of Intermittent Fever.

Patient, a Mahommedan male adult of about twenty-four years, came to my dispensary the 5th of January, 1902, with the following history and symptoms:

Type.—Quotidian.

Time.—After 12 M. yesterday; after 12 P. M. night before last; 12 P. M. previous days.

Prodrome.—Nothing.

Chill.—No chill yesterday.

Heat.—Slight; *no thirst*; headache frontal; heaviness of head; aching of limbs (shafts and joints).

Sweat.—No sweat.

Apyrexia.—Complete.

Bowels opened twice day before yesterday, yesterday once; stool hard, formed; no thread-worms; urine red, with no burning; appetite and sleep good; taste in mouth flat; bad smell from mouth; tongue coated in the middle, tip and sides red and indented.

Exposure in water while reaping paddy plants for four or five days about eight days ago. He came to me for treatment on the sixth day of his illness.

Treatment.—*Rhus tox.* 6.

Bathing stopped.

The next day he reported; no more fever; urine with burning; sleep not good; appetite good; taste in mouth better; bad smell in mouth as above; tongue as above.

Repeat one dose.

Result.—Recovery.

Remark.—The boast of those who use raw quinine in treating intermittent fever cases that they can very readily cure them without any delay; but allow me to ask if there is anything more enticing and noteworthy in *Quinine* treatment of intermittent

fever than in the above case? Only one dose was sufficient to stop the fever, never to reappear. Compare the quantity of *Quinine* that may be required to check the paroxysm of an intermittent fever case and to continue afterwards as a tonic, and the quantity used in above.

What more can anyone expect from any sort of treatment of intermittent fever than the above result?

Why *Rhus tox.* was given in this case may easily be understood by the tongue symptoms—*indented margin* and *red tip*, together with exposure to water for few days before the beginning of the fever.

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“FALLS ASLEEP.”

A. F. Randall, M. D., Port Huron, Mich.

This morning came THE RECORDER, and in it a letter from that old walking encyclopædia of matters medical, in which he doubts the correctness of some of Hahnemann’s observations; in fact, he says it is “impossible to fall asleep during.—” Now it might be impossible for S. A. J., but possibly possible for some other less superbly endowed individual. Has he not heard of the Little Corsican and his famous saying, “Impossible is the adjective of fools?” Whether it is impossible I neither know nor care, only as it affects the reliability of Hahnemann.

Yesterday a brunette man, looking well, except a trifle too flabby and fat, came in, and, in relating his case, stated that he had “no sensation during.—” Is not that as improbable as the other?

I have been informed that it is the impossible that calmly and regularly comes to pass, apparently unaware of the impossibility of doing so. I do not suppose that Hahnemann was infallible, but I believe that he will be found far more so than our gabble is likely to be. My admiration of the great man grows continually.

[I must be allowed to state my firm conviction that if Hahnemann *could* fall asleep upon so lively an occasion, the fact calls his “reliability” in question.—S. A. J.]

AN OFFICIAL ACKNOWLEDGMENT OF  
HOMŒOPATHIC DOSES IN  
200TH POTENCY.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Zeit.*, September 1, 1903.

As not all the readers of this journal are also readers of the *Allgemeine Homœopathische Zeitung*, I herewith premise a communication taken from No. 15-16, dated April 9th.

An official revisor found in examining a pharmacy kept by a homœopathic physician preparations of *Tuberculin*. These were confiscated and the physician was forbidden to furnish these remedies to sick persons. A protest to the Prussian Cultus-minister (Secretary of the Interior), stating that *Tuberculinum* is a homœopathic remedy, proved effective. Our homœopathic colleague had, at the same time, requested the Minister to cause an experimental test of the confiscated preparation of *Tuberculinum* to be made. In consequence, the prohibition as to the sale of the remedy was countermanded, and it was declared to be lawful to keep on sale and to use *Tuberculin* prepared according to homœopathic principles, minimal quantities of *Tuberculin* having been experimentally proved to be present. Now, what were these preparations? Read and be astounded. There were confiscated three full bottles (of powder), containing, severally, fifty grammes of *Tuberculin* (Heath) 200 and 100, and *Tuberculin* (Koch) 100. Prolonged experiments were made with these preparations, and the Minister certifies that *even the 200 cent. dilution still contains active substance*.

A greater triumph of acknowledgment of the ridiculed homœopathic infinitesimal doses has never before been seen, and I openly confess that I cannot comprehend why this fact has not caused the greatest astonishment—unless this should be manifested later on.

When Prof. G. Jaeger, in Stuttgart, made known his interesting observations, gained by the so-called neural analysis, which determined by sensual perception that the one hundredth and the two hundredth decimal potency of *Aconite*, of *Thuja*, of *Natrum mur.*, of *Aurum*, etc., are clearly distinguishable from pure alcohol, *i. e.*, from the menstruum in which those remedies were con-

tained, it was thought that we had taken a great step forward. But all this is as nothing compared with what we may call the official acknowledgment of the existence of *Tuberculin* in the one-hundredth and two-hundredth *centesimal* potency. The next question is, whether this quantity, which, of course, must be minimal, has any effect, and what effect? But that it has some effect must be plain to every one who knows the intensely toxic nature of *Tuberculin*, which cost enough human victims before this toxic nature was sufficiently considered in determining the proper dose. What weight will now be given to all the ingenious, witty arguments against the efficacy of homœopathic doses in view of the official experiments on *Tuberculinum*?

How much less reason is there to draw in doubt the actual efficacy of minimal quantities of specific remedies where they are given in much lower triturations or dilutions?

Dr. Schuessler in his *Abridged Therapy* (29th ed.) says that he uses exclusively the sixth decimal trituration (but of *Ferrum phosph.*, *Silicea* and *Calcium fluoric.* he gives the 12 dec.). A milligramme of substance is said to contain, on an average, sixteen trillions of molecules, "so that the 6th decimal trituration would still contain about sixteen billions."

Since Dr. Schuessler, as is well known, effects his cures by checking the disturbance of the molecular motions which cause disease, *i. e.*, by supplying the deficit of certain inorganic salts which cause these disturbances, he may justly claim that these sixteen billions of molecules are sufficient for his curative purposes.

How absurd and inconclusive are the computations made by a scientific man like Prof. Wagner, who knows nothing of the law of minimal! As a so-called specialist, he declared before a court (Leipzig, 1882): "The thirtieth dilution cannot be conceived of by a common man. The proportion is that of one to one with sixty ciphers after it. To produce such a proportion we would have to take one drop of the mother tincture in a quantity as large as the terrestrial globe piled on itself thirty-three quintillion times. To conceive of this volume would surpass the human imagination. We can indirectly conceive of it by calculation: A ray of light makes forty-one thousand (German) miles a second, to come from the sun, therefore, requires eight minutes and seven seconds, but to travel through the quantity of water suggested would require, at the same rate, twenty-eight years."

Now this Prussian Secretary of Cult determines, through his revisors, that in the two-hundredth homœopathic trituration there is still something left, to speak modestly, some few billion molecules of *Tuberculin*.

And Virchow, our most inveterate opponent, has granted that there is a possibility of the efficacy of homœopathic minimal doses in the catalytic process, and that it may be explained in this way. Thus we now only need some logical minds who may again and again discover anew by conclusive thought the truth of homœopathic therapy.

## PSORIASIS SYPHILITICA AND AURUM MURI- ATICUM.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, September, 1903.

Two years ago I casually met a man, sixty years of age, who was suffering from psoriasis syphilitica. He consulted me, but as he had a cousin who at the present time is a professor of cutaneous diseases in Paris he did not at once conclude to follow my prescriptions, but said he would first give his cousin another trial.

It seems that the treatment of the professor was not successful. The patient complained that in spite of the many ointments and remedies he had tried there was still an intolerable itching. So I prescribed:

Aurum muriaticum natronatum, . . . . . 2 centigrammes.  
Aqua destillata, . . . . . 200 grammes.  
Every day two tablespoonfuls.

After three weeks all the symptoms had disappeared.

But last summer there was a relapse, as the stubborn patient would not submit to any restraints. He again in vain consulted his cousin, but came to me, asking me to give him again the old prescription, as that was the only thing that had helped him.

In two weeks all the ailment had again vanished and since the patient now resolved to submit to regulations, no other syphilitic symptoms have since appeared.

## SOME MORE REASONS FOR BEING A HOMŒO-PATH.

By Dr. Mau, Kiel.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, September, 1903.

*First reason* : A lady in the forties, whose menses are gradually disappearing, is suffering of violent itching all over her body. The itching is of a burning nature, still when the spot is scratched it changes its place, *i. e.*, when the itching, which appears in fits, appears on any part of the body and this part is scratched then other spots begin to itch also, so that all the parts affected have to be scratched. No other symptoms could be found.

The old school have palliatives for this ailing, as is well known, using bran baths or sulphur baths, or ablutions with vinegar, vinegar and water, or *Carbolic acid* and water. Such means, indeed, subdue the itchings, but even when sulphur baths allay the itching they are generally, though not always, followed by disagreeable sequelæ.

My prescription was *Ignatia* 30, one powder morning and evening. The cure was completed in a few days. I have had many cases of such itching in my practice, either attended with morbid cutaneous symptoms or not, and I have always succeeded in satisfying the patients; in new cases the cure was quick, but when other methods, ointments and baths had been ineffectually tried the cases required a longer time. But we cannot treat all the cases alike, *Rhus tox.* and *Sulphur* in alternation will by no means cure everything. Every case must be taken on its own merits, examining the kind of itching, as well as the effect of scratching, whether this is followed by alleviation, aggravation or a change of place, or whether there is no change; so also other ailments attend it, *e. g.*, raised spots, blisters, redness of the skin, humidity, crusts, sore pains, etc. Homœopathy and Bœnninghausen's method of selecting remedies are also here the best and most reliable.

*Second reason* : An oldish woman, whom I was treating for her copious menses, complained one day that since several years she had suffered every spring and fall from violent itching. This itching is of a stinging kind, aggravated by scratching; it changes its place and is succeeded by burning. It appears chiefly when

undressing, *i. e.*, when the body is bared and becomes cold, but also without any aggravating cause. *Staphisagria* was prescribed and the patient told me on my next visit that the itching had quickly ceased.

*Third reason:* A young lady was suffering from ulceration of the stomach and pains there. She had been for four weeks under allopathic treatment, but there was no improvement. The mother of the patient came to my office. To clear up the case, I gave *Sulphur* 30 and *Nux vom.* 30 for two days, stating that then I would have to visit the patient. The lady agreed to this, but my demand, that she would first dismiss the allopathic doctor, was evidently disagreeable to her, and she said she would first have to consult with her husband, when she would send me word. No word came. This demand can hardly be justified as equitable, although we are generally boycotted by allopathic physicians, who in consequence refuse to go into consultation with us; but the rule has been made and must be observed, unless we would be condemned for disregarding the etiquette of practice.

So I received no word, but some weeks after I met the mother of the patient in another place and heard that her daughter was still very sick; she was receiving large doses of *Bismuth*, but without any effect; she also receives *Karlsbad salts*. I advised her to consult a specialist. "That we have done," said the mother, "but he just agrees with the physician." Four weeks later mother and daughter came to my office in a carriage. The daughter is so far improved that she can get up again, but has no appetite, has diarrhœa, severe pains in the stomach and is very weak, so she could not walk the short distance to my office. She had used four dollars' worth of *Bismuth* and so much *Karlsbad salts* that for several weeks she had diarrhœa, stools from four to six times a day. I forbade all laxatives and told her that the fears that when stools are checked the pains would necessarily increase are unfounded and erroneous. Since the patient has in the last year passed through grievous experiences, and since the pains in the stomach and in the back are always a little better after meals, and since her moods are changeable and capricious, and since *Ignatia* may be regarded as the female counterpart to *Nux vomica*, and thus also indicated after heavy dosing with allopathic remedies, I gave her *Ignatia* 5. The remedy acted quickly and in three weeks all her ailments had disappeared and the patient was well and cheerful.

In a few weeks there was a slight relapse in consequence of taking cold; she again received *Ignatia* 5, and, as I heard, the remedy again relieved her quickly. *Bismuth* is, indeed, a remedy for pains of the stomach, but to give it in large doses for weeks, even when it does not act, cannot be considered right, even though an authority, even a professor, may make the prescription or agree to it. But what could an allopath do in such a case? He does not know anything about *Ignatia*.

*Fourth reason*: A girl of twelve years came to my office. Four years ago she had for some time suffered from chills and fever, which were treated with *Quinine*, when the attacks gradually ceased. Since that time she has been much troubled with headache, especially in school, but also at other times. The spleen has been swollen ever since her sickness, but it is not painful. Prescription: *Urtica urens*  $\theta$ , five drops four times a day as a splenic remedy, and one dose of *Natrum mur.* 30. every fifth evening.

After a few weeks there was improvement. The headaches appeared less frequently and are less violent. *Natrum muriaticum* 30. one powder every week, was continued for six weeks longer, completing the cure.

*Fifth reason*: A girl of three years had jaundice two years ago and had been treated allopathically. Since then she had been strikingly naughty. At the slightest reproof and also on other occasions she becomes furious, so that nothing can be done with her. Whippings make no improvement, but rather the contrary. I told the parents that the abnormal irritation and naughtiness of the child is a disease which must be cured not by beating her, but by medicines, and that severity and punishments would ruin the child. For the present all educational measures with the child would have to be omitted, as they would aggravate the ailment. This, of course, did not preclude earnest words spoken in love and kindness to the child. After her jaundice, owing to the lack of the proper homœopathic remedies, her liver had not returned to its normal condition, hence the morbid irritability. My first prescription was *Nux vom.*, both high and low. It effected nothing. Then *Ignatia* 6. causing some improvement. *Calculi biliares* 6. caused some aggravation. Then *Calculi biliares* 30. A week later the mother said there was no further change. I continued the medicine. In two weeks more the mother said that the child was the same, but the father contradicted, saying

she was more quiet. The remedy was continued and the child was quite well in six months.

Of course, all this trouble would have been avoided if the child had been treated homœopathically during her jaundice; for our remedies touch the very seat of the disease, and produce a quick cure without any lengthened period of convalescence. Our cure, therefore, leaves no sequelæ, on the contrary our patients often tell us, after being treated homœopathically for an acute disease, that they feel better than they have felt for years. But without these remedies frequently something does remain behind, the patients do not fully recover, they are not in the possession of their full working strength, neither well nor sick. Then companions frequently mock them, saying that they put on and are a burden to the lodge, etc. This is shown by the many cases which come to us homœopathic physicians after passing through a siege of influenza, pneumonia, pleurisy, typhoid and many other diseases.

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#### A PLEA FOR COMMON SENSE.

Dr. J. S. Putnam, in *Therapeutic Digest*, gets off the following:

“In a communication in the October issue of the *Medical Times* Dr. Henry Parker says, in writing about the venom of the honey bee: ‘Who can say how long before science will throw open the doors and deliver it for the benefit of mankind, thus adding a new qualification to this busy and interesting insect?’ The use of the honey bee in therapeutics is already an established fact and has been for several years.

“While the regular profession has been working in laboratories over synthetical products, the bulk of which are useless, the ‘irregulars’ have been working in the backwoods and have found many treasures ‘green.’ The honey bee subsists almost entirely on the product of the fields and woods. And it takes this little insect to transform the nectar into a delicious edible, sometimes, however, giving us a taste of the undesirable.

“What is the use of going over the same ground that has been traversed in this investigation? Why does the regular profession investigate the physiological and therapeutical actions of drugs already investigated to a large extent? The homœopaths and eclectics have used *Apis mel.* in therapeutics for years, and the

regular profession are just investigating its virtues! Why not start where they have brought the subject, and not go over the same ground? Give credit to whom credit is due. Use the remedy as they have used it and find new uses. The following are some of its therapeutical uses. When you have the following conditions give *Apis*: Acute swelling or œdema of the cellular tissues, no matter what diseases; œdema of the throat and nasal passages in diphtheria and scarlet fever are quickly relieved, soothing the kidneys, relieving the irritation and congestion of these organs; in irritable bladder, especially of women, where there is constant desire to micturate, the urine scanty and high-colored, causing soreness and burning; many cases of passive hæmaturia will yield promptly to its influence; œdema glottidis is often relieved, so is dropsy that appears suddenly; retention and suppression of urine in children and the aged as a result of atonicity or feebleness, is often quickly relieved. The use and the investigation of this remedy along these lines will establish its virtues in practice. We need to get out of the ruts of exclusive investigation and jump over the fence into our neighbors' (homœopaths' and eclectics') pastures and inquire diligently for the way of success in therapeutics. And do not try to 'swallow' these schools—they may produce a big lump in your throat. I notice that this is the trend of a good many regular journals today. Accept their work, give them credit for it, have peace in camp, and relieve suffering humanity. Get down to facts in therapeutics with not so much tomphoolery."

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#### APOCYNUM CANNABINUM IN ALBUMINURIA, BRIGHT'S DISEASE AND CORPULENCY.

This is one of our indigenous drugs that seems to have been almost forgotten by the majority of physicians in the rush for something new; it has not received the careful study and proving that it deserves.

During the past winter I have prescribed it in several cases of albuminuria presenting the following symptoms: Pulse rapid, but lacked strength; temperature, in the morning, below, and in the evening, very little above normal; appetite poor, and dirty white coat on tongue; stomach full and doughy to touch; accumulation of gases in stomach and bowels with eructations; occasional night sweats and œdema of extremities.

It was prescribed in first dilution and never more than in one-drop doses; generally twenty to thirty drops to water four ounces, a teaspoonful every two hours. If there is nausea, alternate with *Ipecac.* first dilution, five to ten drops, water four ounces, a teaspoonful every two hours. It is better to give these two remedies in alternation in both cases, as *Apocynum* alone will produce nausea in a great many cases, and cannot be continued long on that account. In using the remedy in this way it is pleasant and prompt in its action. The appetite and digestion improves, the œdematous condition subsides, and the amount of albumen daily decreases till in a short time it entirely disappears, and the patient rapidly regains the usual health and vigor. Now, I do not claim that *Apocynum* is a specific for Bright's disease, but if, in any case, you have these symptoms, or the majority of them, no difference what the name is, give *Apocynum* and your patient will get well, if there is vitality enough in him to recuperate. What I wish to call your attention to in particular is the effect of this remedy in obesity and corpulence, and rheumatism, presenting the symptoms heretofore named. In these troublesome cases the result has been surprising. Corpulent patients have decreased in size around the waist six inches in one month, and decreased in weight nearly twenty pounds in the same time, with a corresponding increase in health and strength. The only noticeable effect to most patients was an increase in the amount of urine passed and a more regular action of the bowels, with an increased tendency to physical exercise. In some of the cases that were relieved by this remedy there were frequent eructations from the stomach and some very unpleasant cerebral fulness and loss of consciousness, a few seconds at a time.

As an anti-fat it deserves an important place in therapeutics. When obesity is becoming a burden to the patient, and there is a plethoric condition, with gastric and cerebral disturbance, *Apocynum* will give prompt and active relief, and reduce the excessive fat materially, and is free from unpleasant after effect.

Do not become skeptical in regard to this treatment on account of the dilution of the remedy and the small dose prescribed, but test it without prejudice at the first opportunity that presents and satisfy yourself — *Lincoln Med. Outlook.*

## ASCLEPIAS TUBEROSA.

The following remarks on this old "botanical," by Dr. O. A. Hyde, are clipped from the *Eclectic Review* for October:

"If we classify them we shall find that they comprise affections of the mucous membranes, serous membranes, the nerves, as in hysteria and menstrual and inflammatory diseases.

"This drug manifests its special power or function in the respiratory apparatus, particularly the pleura; hence its common name 'Pleurisy Root.'

"It is so prompt and efficient then that I believe that pleuritis may, in almost every case, be aborted by the early and free use of *Asclepias tuberosa*, taken frequently with draughts of hot water.

"I have found it of certain benefit in the pains that follow pleuritis at the site of the adhesions, and that often are very severe, from time to time, even for years after disease had been cured, one large dose sometimes giving complete relief from the distress."

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 GOOD ADVICE.

The following is an extract from an editorial in *The Medical Times* for October:

"Many a physician spoils his life by the bitter spirit condemned in the commandment against covetousness. You will easily encounter two extremes, the physician who is always bragging about his success and who never has time between his professional engagements to attend to medical meetings, to read journals nor to do much of anything except discant upon his numerous cases, and at the opposite extreme, the physician who believes himself the victim of base ingratitude on the part of those who should have helped him and those who are winning at least some sort of success by various dishonorable methods, which include a mysterious scheme for keeping patients away from worthy practitioners. Do not accept too literally either the braggart's or the sore head's tales, and do not believe ill of a man until you have first tried to know him personally. If you are told that a medical society is a mutual admiration society, conducted by a clique, join another, or, if the first society is too large and strong

to be ignored, join that, insist modestly on your own rights and lend your influence in a quiet way to squelching the clique and supporting those who are being unfairly treated. Cast your vote against, but don't waste too much energy in opposing the chronic officeholder. Some boys won't play unless they can be catcher in a game of baseball or captain in a soldier company, and they never get over it. We have many such in the medical profession, who practice all sorts of political tricks to obtain certain 'honors' in societies, but don't let them irritate you. The real leaders are on the floor of the society, not in the chair, except for brief periods, and the men who have the itch for office really do considerable clerical work and are useful in their way, so that we should not grudge them the very empty honor that they hold.

"You will hear similar stories about medical colleges, hospitals, dispensaries and every other institution. Investigate these stories on your own account, impartially and quietly. If you find them true keep away, don't lend your influence, contrary to your principles, to an institution that is not conducted honorably and fairly, simply because you are offered a sop or have hopes that one may be thrown at you some day; but, on the other hand, don't try to start out as a promiscuous reformer and lend strength to a bad cause by overzealous and exaggerated condemnation."

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### ARGENTUM NITRICUM.

"According to my observations, the *Nitrate of Silver* is eminently indicated in disturbances of the brain, and the consequent derangements in the system generally, which have arisen from moral causes. The opinion advanced by Müller does not correspond with the facts I have witnessed.

"Epilepsies produced by moral causes (such as, for example, very impassioned lay-preaching) are promptly and durably cured by a few small doses of this drug, whilst those proceeding from abdominal irritation, independently of moral causes, are, at best, but poorly palliated by very large and frequently-repeated doses. The same observation must, I am persuaded, hold good with respect to gastric disturbances; those only will be cured by it which have arisen during too great or too long-continued mental exertion.

“The bodily symptoms being similar to those produced by this drug, I should regard it as an indispensable remedy when there are the following moral conditions:

“1. A crowd of impulses to act, to move, to be busy, which, without any distinct purpose to affect, keeps the patient in continual motion; a state of unrest, which gives the appearance of hurry and discontent to all his conduct.

“2. The opposite of the foregoing condition; not the calmness of deportment which occurs when the mind is in healthful contemplation, but an apathy indicative of a privation of motive or purpose; a state verging upon, and often ending in, perfect imbecility. Or,

“3. Errors and defects of perception. The erroneous perceptions in which I have seen *Nitrate* useful have been:—1, As to time; the patient constantly fearing he should be too late, and supposing that one or two hours had elapsed when not more than a quarter or an eighth of the supposed time had passed, and this all the while, night and day, for many weeks together; and 2, Errors as to the velocity of gait, the patient supposing that he was walking very rapidly when he was, in fact, moving but very slowly indeed.

“Moreover, I should regard the *Nitrate* as the remedy (other indications existing for its use) in all severe commotions of the system arising from too great acuteness of the perceptive organs, *e. g.*, certain forms of epilepsia and chorea.

“It is, I think, probable that silver will be found as strictly adapted to the cure of morbid perceptions and their concomitant disturbances in the digestive, motor and genital apparatus, as gold is to the removal of diseased affections and their consensual motory and genital diseases.”—*Dr. John F. Gray.*

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## TREATMENT OF HEREDITARY DISEASES.

By Dr. Schoenebeck.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
September 10th, 1903.

At the meeting of the Homœopathic Central Society of Germany, held on August 9th and 10th, 1903, in Leipzig, Dr. Schoenebeck delivered an interesting address, followed by a general dis-

discussion on the theme: "The action of medicines during the intra-uterine period of life of the fœtus, or the treatment of hereditary diseases."

Considering the importance of "hereditary encumbrance" to the physician, the pedagogue and also the lawyer, the consideration of this question by Dr. Schoenebeck was most opportune. With the practical physician the question arises, in how far an early internal treatment of the mother may influence the fœtus in its intra-uterine life, limiting and if possible annulling the threatened inheritance of bodily and psychical dispositions to diseases derived from the parents.

Even from the most ancient times the influence exercised by the health and the constitution of the parents on the embryo, the fœtus and on the child after birth, has been considered. Hippocrates laid down the proposition that every part of the organism of the parents, especially of the mother contributes to the building and organization of the new being.

The theory of Hæckel amounts to the same, when we carefully examine it. According to him the sum of the co-efficients of health on the part of the father and of the mother determine the fund of health with the fœtus. If there is any deficiency either in the semen or the ovulum, this will influence the state of the fœtus and may lay the foundation to hereditary encumbrance. Therefore, the constitution of the parents has always been considered in determining the condition of their descendants. On the basis of his pathological observation, Hahnemann founded his threefold root of chronic diseases: psora, syphilis and sycosis. Thus he contributed an essential share to the determination of the constitution, but also simultaneously to the effective treatment of constitutional diseases.

Von Grauvogl endeavored to give a physico-chemical basis to the doctrine of the constitutions on which as in their proper soil the germs of disease develop. There is, however, an important defect in this theory, since we seldom find in one individual the totality of the characteristics of the constitutions as laid down by him in their purity, as little as we find the clearly defined temperaments, but we usually find transitional or mixed forms.

Dr. Schoenebeck considers it most practical to lay down and delineate the scrofulous, tuberculous and syphilitic forms of constitution.

I. In the *scrofulous* constitution, which he differentiates from

the tuberculous, he distinguishes between a (the *Calcarea* type and b) the *Sulphur* type; division a (is the same as the hydrogenoid constitution of Grauvogl, but division b), or the *Sulphur* type includes the erethic forms.

II. In the *tuberculous* constitution the muscular developement of the upper part of the body is diminished with respect to that of the lower part. Perspiration of the whole body. Ashy complexion. Unequal distribution of the bodily heat.

III. In the *Syphilitic* constitution we notice in the new-born child a shining red discoloration of the soles of the feet, especially on the heels, there is sniffling, a thinly fluid secretion from the nose, chaps in the nose, the mouth and the anus, copper-colored spots on the skin, pemphigus, and affections of the diaphyses.

The pemphigus neonatorum we would decidedly include in syphilis and not in scrofulous; although scrofula frequently appears conjointly with syphilis, forming a special mixed form. This is frequently the basis for the formation of arthritis, which calls for its peculiar remedy according as it belongs, either to *Sulphur* type or the *Calcarea* type.

In many cases there is also a combination of gonorrhœa with scrofula, when *Thuja* and *Acidum nitricum* have to be called in.

When malaria is combined with scrofula we have to regard the latter in our therapy; if the *Calcarea* type prevails, *Arsenicum*, *Carbo veg.*, *Natrum muriat.* and other remedies belonging to the hydrogenoid series will have to be considered; if the *Sulphur* type, *Ignatia*.

The author gave some examples of the therapeutic treatment of the mother in order to influence the intra-uterine fœtus. A woman had borne five male children, who had all died from atrophy in the first months. With the father, in this case, there was a pronounced *Calcarea* type, the wife, therefore, when she again became pregnant, received *Calcarea* during the first four months of her pregnancy. After that she bore four children who lived to adult life.

In another case the father was affected with syphilis; the wife had borne several girls who died early. She received *Acidum nitric.*, after which she bore normal children that grew up, and these were of the male sex.

Though the speaker did not consider these few examples as convincing he, nevertheless, believed that the method indicated

of influencing the mother during pregnancy, so as to counteract the hereditary encumbrance derived from the parents, offered a wide field of usefulness to the careful practitioner.

#### DISCUSSION.

*Dr. Wapler.*—Occasionally we may find patients in whom the "constitutions" of Grauvogl are typically pronounced, as also Prof. Bakody in his clinic at Buda-Pest showed to him, but the majority of cases are not so clearly characterized, but are more or less mixed.

*Dr. Kirn* pointed to the fact that at the conclusion of consumptive diseases there is formed the oxygenoid constitution resting on an excessive influence and assault of oxygen on the organism; in these cases *Iodium* is indicated.

*Dr. Bastanier* reported a case of severe burning, which would not properly heal up with the otherwise indicated homœopathic remedies, but when, in view of the scrofulous constitution of the patient, he prescribed *Sulphur* it healed up in a week.

*Dr. Mossa* stated that it is a well established practice with experienced physicians, when they meet with a chronic, inveterate, tedious case, to open their treatment with *Sulphur* 30. Even where this remedy does not affect a cure it clears up the case, so that the indications for the remedies required show more plainly.

*Dr. Schunetgen* reported the case of a patient who had a pleuritic exudation on the right side. The pains and other subjective symptoms were alleviated with *Bryonia*, the temperature, however, remaining at 102°; but *Sulphur*, which he gave owing to the scrofulous symptoms, acted in a striking manner, causing the reabsorption of the exudation, a fact which several of the colleagues present could verify from their experience.

*Dr. Dammholz* had found that *Sulphur*, also in a striking manner, acted in forwarding the delayed eruption of measles in scrofulous children.

*Dr. Greenfield* has experienced a favorable action in furthering the effect of the constitutional remedies, homœopathically indicated, from the use of *Tuberculinum* given in rare doses at lengthened intervals with tuberculous patients.

*Dr. Lorenz* reported about the favorable effect of treating the mother to counteract the hereditary encumbrance of the fœtus. With two married people, the wife had been healthy, but the husband from his childhood had been scrofulous. The first child had

died with tuberculous symptoms, and also the second had died from tuberculous peritonitis. When the woman was again pregnant Dr. Lorenz gave her *Calcarea phosphorica*, with occasional doses of *Sulphur* 30. The child born was vigorous and has remained in good health so far, without being troubled with tuberculosis.

### SOME REMEDIES IN LITHÆMIC NEURASTHENIA.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
September 10, 1903.

*Lycopodium* is suitable with patients whose understanding is intact, who are, however, weak in their muscles and inclined to hepatic affections. It is one of our best remedies in lithæmia, as indicated by the dark-red urine with the sediment of red sand and the pains in the back. The neurasthenia symptoms covered are: Weakness of memory, confusion of thoughts, lack of thoughts, sadness and depression. But it also has melancholy and irritability. The patient wants to be alone, and even despairs of his salvation—a frequent symptom in this disease. Great weakness at night; the mind is too much excited, sleep is restless and interrupted by dreams; no position seems to be right. Much flatulence, constipation and colicky pain.

*Berberis vulgaris*. Defective memory; easily fatigued by mental exertions; the patient indifferent toward those around him, thoughtful, irritable, timid, slow to speak. Sleep is restless and dreamy; he feels tired in the morning. Tired by day, so that he has to lie down often. The urine soon becomes turbid is blood-red; a light-red, mealy sediment is formed, and the various parts of the urinary region feel sore. Liver symptoms.

*Cantharis* is one of the chief remedies of lithæmia according to Dr. W. P. Laird; the totality of its morbid symptoms corresponding to this disease. In particular we find in it: Sensitiveness in the renal regions, cutting and contractive pains in the ureters, down to the bladder, the urethra and the seminal cords, while the testicles are drawn upward. Micturition is painful, the urine being discharged in drops: cutting pains before and after micturition. The urine is scanty, dark, with a sediment like brick-dust.

Forgetfulness, confusion of the head, so that he cannot collect

his thoughts. Despondent and with little energy, complains and weeps much. Vertigo; the abdomen strongly distended; restless sleep. The patient is weak, exhausted, weary; the head is confused, especially in the morning.

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## CURES WITH SCHUESSLER'S INORGANIC CELL-SALTS.

Translated for the HOMEOPATHIC RECORDER from the *Allg. Hom. Zeit.*, August 13, 1903.

### I. Ferrum Phosphor. and Natrum Sulph. in Catarrh of the Stomach.

A woman, forty-eight years of age, childless, has for seven years occasionally suffered from ailments of the stomach. These in the course of years became ever more frequent and violent, so that the patient was very despondent. At first the attacks came every three to four weeks, later on once or twice a week, lasting from a few hours to two or three days, the pains being dreadful, assuagable only by *Morphine*. She had been treated by all the regular physicians in our town, but the relief had only been temporary; and even the most celebrated specialists in the cities could not do more. Neither were they agreed as to the diagnosis, some pronouncing it gastralgia, another renal calculi, and the third even cancer. Finally, as an operation was talked of, she consulted Dr. Biedler. He gave her *Ferrum phos.* 3 D, and *Natrum sulph.* 3 D, in alternation, every half hour, then every hour. Between these doses he gave her a dose of *Calcarea phos.* after her meals, later on occasionally also a dose of *Silicea* 12.

Her condition improved so much that in four days she had no need to think of the operation appointed for that time. Since that time she has had only one mild attack, and in the last two years she has been enjoying better health than for twenty years previous.

We are sorry that our colleague did not more closely describe this case. He merely calls it catarrh of the stomach, which is a very vague notion. That the liver was involved we may conclude from his choice of *Natrum sulph.* The alternation of the remedies much obscures the question as to the tissue-cells which had been involved.

Our statement of the reporting physician is of interest: The woman had an exanthem of the face some years ago, which broke out from time to time in a very violent manner, and every time the exanthem appeared there was a respite from stomach trouble. The domestic physician had supposed it to be erysipelas of the face. Dr. Biedler, however, is inclined to consider it an acute exanthem. The face was always much inflamed and swollen, and—rightly or mistakenly—he supposes the stomach when ailing to have been in a similar condition.

## II. Ferrum Phos. in Pneumonia with Cardiac Complications.

A woman, sixty-nine years of age, had a violent attack of pneumonia, which occupied a large part of the left lung, with considerable pain and soreness of the chest, extending to the right lung. As complication there was added an old case of cardiac asthma, producing choking spells so severe that the patient had to sit propped up with pillows in her bed. She had been sick for three weeks,

On December 23d Dr. Biedler was hastily called in to a consultation with the old school domestic physician. An examination showed a temperature of 39° (102.1°F.). Pulse, 98; respiration, 30. The cough was dry, troublesome, with very little expectoration; the tongue was thickly coated with a whitish, dirty coating; great feebleness, little sleep, much despondency.

The patient first received *Ferrum phos.* 3 D, and *Kali mur.* 3 D, in alternation, at intervals of a half hour to one hour. Every three hours a dose of *Natr. mur.* was interposed in view of the choking fits. On the evening of December 24th the domestic physician sent me word that the temperature was 100°; pulse, 90; respiration, 28; no cough, no pain, expectoration hardly changed, but sleep is better."

On December 26th she received *Kali sulph.* every three hours.

December 30. Temperature normal; pulse, 80; cough much improved, the lungs are cleared up, the strength increased; cheerful, able to sit up.

In this case the choice of remedies, according to Schuessler's indications, may more easily be recognized; though the dry, straining cough, complicated with asthmatic attacks and feebleness, might also have suggested *Kali phosphoricum.*

## BOOK NOTICES.

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**The Theory and Practice of Medicine.** By Gaius J. Jones, M. D., Dean of the Cleveland Homœopathic Medical College. Edited and arranged by J. Richey Horner, M. D. 450 pages. Cloth. Interleaved, \$2.50. Published by the Author. 1903.

This book is interleaved and the blank leaves are counted as pages, thus making the actual number of printed pages about half given above. Horner, the editor of the second edition of this work, points out the fact that it is wholly and entirely *original*, being the experience gained during forty years' practice. The book is homely, in the good sense, and full of advice you do not get in larger books, for instance: "You should never visit a case of this kind while your stomach is empty," *i. e.*, the worst case of diphtheria.

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In his *Principles and Practice of Homœopathy*, page 93, Dr. Richard Hughes writes: "Dr. Woodward, of Chicago, and Dr. Ord, of Bournemouth, have of late years urged on us the importance of chronological sequence in respect of organs or tissue affected, and have shown that many a success may be scored by securing homœopathicity in this matter between disease and drug action."

It is this "chronological sequence" that Dr. Woodward aims to lucidate in his recently published work, *Constitutional Therapeutics*, and giving its practical application to all the leading homœopathic medicines.

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**Constitutional Therapeutics:** "The Patient; not the Disease." By A. W. Woodward, M. D.

Dr. Woodward for twenty-five years a teacher of *Materia Medica* and *Clinical Therapeutics* in the Chicago Homœopathic Medical College, has given to the profession a new and very valuable addition to existing works on therapeutics. The doctor has left the beaten trail and presents the subject in a new and most attractive form, in a manner that would be possible only to a natural teacher, and one who has turned to valuable account

the garnered grain of many years of careful observation and rare ability in the analysis of symptoms.

The doctor's mature judgment, coupled with an abiding faith in the basic law that underlies the newer therapeutics, would alone render this work a valuable addition to the modern doctor's library.—*Progress*.

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**Hay Fever; Its Prevention and Cure.** By Perry Dickie, M. D.

Our only regret is that we did not receive this book in time to review it for the July *Gazette*, for then we might have been the means of bringing it to the attention of more of this season's sufferers from hay fever.

Dr. Dickie has conferred a favor on the profession by furnishing them with this sensible, really serviceable monograph. It covers the whole ground, and lacks only one thing—a table of contents. In a subsequent edition—for there are sure to be many—this can easily be remedied. There is a sufficient index, however.

The sections into which the text is divided discuss such phases of the principal subject as its history, synonyms, predisposing and exciting causes, symptomatology, pathology, treatment, which includes hygienic, surgical, palliative and local, general systemic and medicinal measures. A few clinical cases are given.

We do not know any other so readily accessible and inexpensive a resumé as this of what is known about hay fever, and we believe the book will at once repay purchasers for the small expenditure necessary to obtain it. It is neatly gotten up, and the binding is appropriately green.—*New England Medical Gazette*.

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**Diseases of the Urinary Organs, Including Diabetes Mellitus and Insipidus.** By Clifford Mitchell, A. B., M. D.

Dr. Mitchell has written many good books, but this is probably his best. His mature knowledge must bring to the practitioner valuable points in the line of kidney diseases, and he gives us the benefit of this in his new book. It will doubtless have a large sale in our school. Dr. Mitchell's eminence in his special line needs no further comment.—*The Clinique*.

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## EDITORIAL BREVITIES.

COMPREHENSION.—The Buffalo *Medical and Surgical Journal* of October says: "How in the world any surgeon to-day, no matter in what 'school' of medicine taught, could recommend *Belladonna*, *Calcarea carb.*, *Hepar sulphur*, *Mercurius*, etc., in chronic abscess surpasses our comprehension." That is the misfortune of having a comprehension built that way. Those remedies, and many others, not only can immensely aid the surgeon, but very often obviate the necessity of an "operation." The huge majority of the men of to-day refuse to believe in this science of cure, hence their following is rapidly drifting into Christian Science, Dowieism, and the other cults that have no use for doctors. This is not true of the following of sound homœopathic physicians, for that steadily increases.

"USUAL TREATMENT" OF GONORRHŒA.—Dr. Charles A. Powers, of Denver, Col., contributes the leading paper to the *Medical Record* for October 3, on "A case of diffuse gonococcus infection of the entire upper extremities." Dr. Powers was called in March, 1901, by the patient's physician to see a case that had presented itself on February 21, and had "been managed in the usual way." There is no use of going into details. The patient was under treatment for over two years and is at present little better than a physical wreck. "The urethra has given no trouble," but during the progress of the case many incisions were made drawing off fluid, or pus, loaded with gonococci. Dr. Powers concludes his paper with a "bibliography" of 86 references going to show the dangerous character of the disease, but none of them seem to suspect the "usual treatment" as a

possible cause. Hahnemann was right when he warned the world in his *Chronic Diseases* against suppressing diseases by external applications.

GRAPE JUICE IN TYPHOID.—“It has been found that unfermented grape juice is even more efficacious than lemon juice in destroying the vitality and checking the growth of typhoid germs. Pure grape juice is not only harmless, but highly nutritious. Its use at meal time is invariably attended with beneficial results, as it is very rich in nutrient, blood-making elements. Great stress must, however, be laid upon the purity and clearness of the juice. Adulterations or dilutions render it ineffective as a destroyer of typhoid germs.”—*Health Journal*.

HOMŒOPATHY BARRED FROM A GERMAN UNIVERSITY.—“The homœopathic practitioners of Germany recently presented a petition to the government asking that a chair of homœopathic therapeutics be established at the University of Tübingen. It was thought at first that the petition would be granted, but a strong opposition to the measure arose, and the government finally refused to sanction the foundation of the chair.”—*Medical Record*.

Why, in the face of fact, that about all that is of any value in old school therapeutics today was taken from Homœopathy, does this “strong opposition” exist? It, however, proves very conclusively that the two *cannot* mix, therefore it is useless trying to bring them together on equal footings. Run up the flag of Homœopathy and keep it there exclusively. Do not have two different flags at the same masthead.

HUSTLING IN THE WRONG PLACE.—Kipling put the “eastern question,” “race problem,” etc., etc., in the following nutshell:

“It is not right for the Christian white  
 To hustle the Aryan brown,  
 For the Christian riles and the Aryan smiles  
 And he weareth the Christian down.  
 And the end of the fight is a tombstone white,  
 With the name of the late deceased,  
 And the epitaph drear, ‘A fool lies here  
 Who tried to hustle the East.’”

COPPER IN SYPHILIS.—Dr. A. F. Price, for thirty-five years of the U. S. Navy, contributes a paper on this topic to *Medical Record*, October 10th. He says: “Whether syphilis is curable is doubtful; but an experience of thirty-five years in the treatment of cases

of this disease in the Navy has brought the conviction that the use of *Copper* is of value as an addition to the accepted treatment, and it has some peculiarities that are of great interest and command attention. The most important of these is an intolerance of the copper salt, which, when it exists, is characteristic of old syphilis."

Also: "For convenience, a tablet of *Copper arsenite* of  $\frac{1}{3200}$  of a grain, issued by the Medical Department of the Navy, is used at the beginning of the treatment of cases of old syphilis; and frequently it cannot be borne. A half one or one-quarter, or even less, once a day will sometimes cause feelings of prostration and almost collapse. As far as my observation goes there exists no other disease in which this sensitiveness to *Copper* exists. It is, therefore, a valuable diagnostic aid."

Also: "I have used *Copper* alone in the treatment of cases of acute syphilis with very good results and without complications."

Read up *Copper* in some unabridged *Materia Medica* and the reason for the good effects of *Copper* will be made plain. Also, the intolerance of  $\frac{1}{3200}$  of a grain may be the homœopathic aggravation.

DON'T BE TOO HEROIC IN DOSES.—A French journal tells of a man, aged forty-three; had been rather a heavy drinker, but stopped, when interstitial nephritis and gout appeared. For the latter he was given eight capsules of *Colchicine*,  $\frac{1}{240}$  grain, with  $\frac{1}{3}$  grain *Methyl salicylate*. He took twelve capsules in one hour, fell asleep and awoke in a state of extreme prostration, vomiting bloody mucus; stools black from blood and urine red from same cause. Death in ten days. In this connection it would be interesting and useful for everyone who treats gout with *Colchicum* or its active principle to read what Burnett has to say about it in his little book on *Gout*. It explains several possible things that may be expected.

HOW TO MAKE CHEAP DRUGS.—"Recently in conversation with a very reputable manufacturer, in great quantities, of galenical preparations, and whose immense plant is located in another city, related to us this little bit of business experience: His house had placed an order with a well-known firm for several thousand pounds of the root of a well-known plant, to be made into a remedy used by every GLEANER reader. The order was filled, and when the root was examined before beginning laboratory processes upon it,

it was found to be adulterated by at least 25 per cent. with another known root of other, or no medicinal value. Of course he at once wrote to those of whom he bought it, the facts in the case, and that he could not use it, and that the shipment awaited the order of the consignors. They at once wrote him that such adulterations must have been made by the diggers; they were sorry; and that another shipment of unmixed root would be made at once, which was done. Soon after they ordered the *adulterated* root to be sent to a less knowing, or less scrupulous manufacturer, who likely sells his products at a lower price, and perhaps some of our readers are to-day using the same product and are damning medicine because results do not follow the administration of the remedy when given. See the effects that follow in the wake of drugs of unknown strength and standard, bought cheaply and worked carelessly."—*Bloyer, in Medical Gleaner.*

SMALL-POX IN MICHIGAN.—Dr. H. A. Goodale writes *Medical Gleaner* as follows anent the so-called small-pox in Michigan :

"Those that were pronounced small-pox by the health board, in my opinion, were not the genuine small-pox, but were classed in the list of disease impetigo, or crusted tetter. All the cases that were pronounced small-pox by the health board from Lansing, I visited in person, and took from the pustules matter and placed it under the microscope, and only fatty globules were present, and many that were quarantined (as small-pox) were in perfect health as soon as the eruption was fully established, and could eat all kinds of hearty food, and stated in my presence that they never felt better in their life. Those that had been previously vaccinated were just as likely to have the disease as those that were never vaccinated, and in some instances of those that have had the genuine small-pox, were victims of the impetigo. That and the mildness of the sickness would positively preclude its being the genuine small-pox."

OLIVE OIL IN PERMANENTLY CURING GALLSTONE.—"Olive oil is as good a remedy for gallstone as any known. It is not necessary to give it in such large quantities. Two ounces of the oil should be given in a cup of hot milk every night for ten or twelve nights. A respite of a week can be then taken, and the oil continued. The relief is not sudden, but gradual and permanent."—*Medical Summary.*

SPERMATORRHŒA AND NOCTURNAL EMISSIONS.—‘In spermatorrhœa and nocturnal emissions *Dioscorea* will generally do better work than any other remedy. Combined with *Salix nigra* we have a reliable treatment, and if persistently given will nearly always produce a favorable change and relieve the great depression of spirits, the dull, dizzy pains in the head, the weakness in the back and knees, the amorous dreams at night, and all the train of symptoms usually found in this connection.’—*N. Y. Medical Journal*.

“LOST MANHOOD.”—“I cannot credit the imagination with the potency of rendering so many men impotent, especially when we contemplate the extent of masturbation in childhood and youth throughout the entire land.

“Children begin this vice before they shed the breech-cloth, keep it up daily and some of them almost hourly until married; and even with marriage it does not always stop.

“If this vile habit has not entirely destroyed his virility by the time he has gotten a wife that he ought not to have, the man has probably so brutalized himself as to have concluded there is nothing in life worth living for but the gratification of this propensity. Hence he continues the erotic strain until his manhood is broken. When he becomes emasculate he hies himself to his doctor.

“If his doctor don’t know how to cure him, to remove his infirmity permanently, he ought to tell him so, and turn him away without further injury. But a common practice is to add to the permanency of the trouble by administering *Phosphorus* in some form, with *Damiana*, *Cantharides*, etc., to give a temporary power for efforts that only make a final cure impossible.”—*Dr. J. N. Lee, Marthaville, La.*

THE RIGHT WAY OF LOOKING AT IT.—“Few, if any, will be found among the profession to accept arbor-vitalism, as few, if any, have accepted bio-chemistry as a dominating working theory; but we shall have to thank the authors of these schemes for many a valuable remedy and mode of procedure.”—*Hughes*.

TERTIARY SYPHILIS.—“Old Baehr,” as Dr. Raue used to call him, asserts of syphilis: “We are most assuredly of the opinion that tertiary symptoms only set in in consequence of the improper use of *Mercury*, our reason being that we are not acquainted with a single case of syphilis where tertiary symptoms showed themselves under homœopathic management.”

### NEWS ITEMS AND GOSSIP.

Dr. H. F. Bishop, formerly assistant to Dr. F. A. Gardiner, has located at "The Valois," 1330 Massachusetts Avenue, Washington, D. C.

The Training School for Nurses connected with the Buffalo Homœopathic Hospital held its Commencement Exercises on October 22d. Nine graduates.

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### MEETING OF THE COLORADO HOMŒOPATHIC SOCIETY.

The Colorado Homœopathic Society met at the Y. M. C. A. Auditorium, in Denver, on September 15, 16 and 17. It was well attended. The following officers were elected for the coming year: President, Dr. David Strickler; Vice-President, Dr. Peck; Secretary, Dr. Howard; Treasurer, Dr. Faust.

Dr. Edwin Jay Clark, the retiring secretary, was voted the thanks of the society for his excellent management of the Society during the last four years. Dr. Clark is the standard bearer of Hahnemannian Homœopathy in Denver.

Dr. David Strickler, the incoming president, will request each member of the Society to report some case at the next meeting, showing the progress of the disease and result of treatment. An excellent idea.

Dr. J. Wylie Anderson, one of Denver's leading surgeons, was unable to attend the meeting, being laid up nursing a carbuncle.

Dr. Leroy C. Hedges, now of Grand Junction, Col., but late of Chicago, was in attendance and took an active part in the proceedings.

Drs. Smythe and Mastin, two of the leading men of Denver, have moved into their elegant new offices in the Majestic Building. Dr. Smythe's resolution (which was unanimously adopted by the Society), inviting the *old school* doctors to join them and "Learn of Homœopathy," was a master move.

Dr. Ralph D. P. Brown read a paper on "Hahnemannian Homœopathy," which showed conclusively that this was not being taught in our colleges as it should be, and strongly advocated a change in this respect.

Drs. Tennent and Roosevelt have one of the best chemical bacteriological and electrical laboratories in the West, and are much depended on by Colorado physicians for this work.

Dr. H. C. Allen, of Chicago, was to have attended the meeting, but sent word at the last minute that college matters, in connection with the new Hering Hospital, prevented his coming. All were much disappointed.

Dr. W. A. Dewey was also scheduled to read a paper, but neither he nor his paper showed up. Another disappointment.

Denver homœopaths are proud of their Homœopathic Hospital, and have good reason to be so, for it is one of the best equipped institutions of its kind in the country and beautifully located on the Hill. The homœopathic college work is done in the hospital building, giving students excellent clinical advantages.

The Alumni Reunion of the various homœopathic colleges of the country, which followed the State meeting, on the evening of the last day, was in every way a success. Drs. Clark, Smythe, Mastin, King, Burnham, Hedges, Stough, Kinley, Welch and others made happy addresses to the pleasure of all.

Drs. Robinson, Faust, Beeler, Stough and Allen, from Colorado Springs, were in attendance at the meeting; also, Dr. Genevieve Tucker, of Pueblo, the latter being the author of a homœopathic domestic book that is very popular.

Dr. H. G. Merz, late of Fort Wayne, Ind., has located in Denver, officing with Dr. A. C. Stewart, on Seventeenth and California Streets.

Dr. F. Q. Wensel, late of Natchez, Miss., has located in Colorado Springs. We predict that the Doctor's studious habits and his researches will bring him to the front in a literary way as well as a practitioner.

Dr. J. W. Harris and his associate, Dr. Brown, are among the many busy doctors of Denver; Dr. Harris being a very successful gynæcological surgeon.

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## ANNUAL SESSION OF THE MISSOURI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION.

The Missouri Valley Homœopathic Medical Association met in annual session at Council Bluffs, Iowa, October 7th and 8th.

The Society was called to order by the President, Dr. Benj. F.

Bailey, of Lincoln, Nebraska. The usual reports, including that of the Secretary, Dr. Earle B. Woodward, of Lincoln, were read.

The Society listened to an address of welcome by Dr. Phineas J. Montgomery, of Des Moines, Iowa.

Among the more important and interesting papers which were read was one by Dr. Dellizon A. Foote, of Omaha, upon the subject of Surgery of the Appendix. The subject was especially well treated by Dr. Foote and was very thoroughly discussed by the Society.

Under *Materia Medica* there was a paper upon "Our *Materia Medica*," by Dr. Phineas J. Montgomery, of Council Bluffs, Ia., and one upon "Natrum Muriaticum," by Dr. Lewis P. Crutcher, of Kansas City, Missouri. These papers are especially worthy of mention in the section of *Materia Medica*. There was also a paper upon "Drugless Therapeutics," by William E. Leonard, of Minneapolis, which was read and thoroughly appreciated, although the writer was absent.

Upon the section of *Pædology* was presented a paper upon "Orificial Surgery in Children," by Dr. Alfred S. Mattson, of Omaha, and upon the "Value of Homœopathy in Pediatrics," by Dr. Abby Virginia Holmes, of Omaha, who was chairman of the section. Dr. John L. Hanchette, of Sioux City, acted as chairman of the section of Surgery; Dr. James F. Battin, of Onawa, Iowa, was his efficient Secretary.

Dr. Phineas J. Montgomery, of Council Bluffs, Iowa, presented a paper in the section of Sanitary Science on "The Physician as Health Commissioner." The section of Obstetrics, under Dr. Frederick F. Teal, of Omaha, chairman, presented papers as follows: Dr. Martha E. Clark, of Omaha, on "The Artificial Feeding of Infants;" Dr. Peter Benhack, of Platte Center, "A Few Obstetrical Experiences," and Dr. Frederick F. Teal on "Puerperal Eclampsia." These papers were thoroughly discussed and were especially praiseworthy.

The section of Clinical Medicine, Dr. Geo. Royal, Des Moines, Iowa, chairman, presented a practical homœopathic paper upon "Typhoid Fever." Dr. A. M. Lynn, Des Moines, Ia., presented a paper upon "The Present Status of Vaccination," presenting clearly the struggle of the homœopathic members of the Iowa State Board of Health for the right to vaccinate by internal means, or at least the right to render immune by internal medication instead of local vaccination. This paper will undoubtedly

be published, and will be of much interest to the profession and public at large.

The section of Mental and Nervous Diseases, with Dr. George A. Young, of the Lincoln Asylum, Nebraska, as chairman, presented two papers upon "The Relations of Medical Men to Insanity" and upon "Cerebral Contusions."

In the section of Ophthalmology and Otology a paper was presented by Dr. Frank Duncan, Des Moines, chairman, and one upon "Systematic Examination of Ears in School Children," by Dr. Earle B. Woodward, of Lincoln.

A banquet was tendered to the Society at the Grand Hotel on Wednesday evening. It was followed by an address of welcome by Hon. Dell Morgan, Mayor of Council Bluffs, and a reply to the Mayor's address by Abby Virginia Holmes, Vice-President of the Society, followed by toasts from a number of those present. Dr. M. B. Snyder, Council Bluffs, presided and made a most witty toastmaster.

The following resolutions were introduced by the President, Dr. Benj. F. Bailey, and were unanimously adopted by the Society:

"WHEREAS, At a recent date the county societies in affiliation with the American Medical Association, have extended to the members of our school an invitation to become members of their society; and

"WHEREAS, We appreciate the courtesy extended and only regret that the invitation was accompanied by a restriction demanding that we forfeit our membership in our own societies; and

"WHEREAS, We recognize in this invitation the broad and liberal desire to unify all societies and members in scientific research, and hence believe the before-mentioned restrictions to have been an error as to ways and means and not an intention to restrict scientific research to certain channels; therefore, be it

"Resolved, That this society extends to all members of the medical profession of whatever school, who are in good and regular standing before the law, a most hearty invitation to become members of this society, without sacrificing affiliation with their own societies, and with only the restrictions that they shall honestly give to the special law of similia a special duty and fair consideration, and that we bind ourselves to give to the researches of other schools the same respectful consideration that we ask for our own; and be it further

"Resolved, That we suggest that all homœopathic societies extend to the general profession a similar invitation."

In offering the resolution Dr. Bailey said he did so, not with any intention of getting back, as it might be termed, at the American Medical Association, but with the hope that such action by the homœopathic medical societies would result in more harmonious relations between the different schools of medicine, and in turn point a direct benefit to humanity. Dr. Bailey said further that he believed the American Medical Association, when it considered the matter more fully, would ultimately withdraw the restrictions and extend an open invitation to practitioners of homœopathic schools to join its ranks.

Resolutions of regret at the death of Dr. F. A. Remington, of Sioux City, were adopted.

The officers for the ensuing year are: President, Dr. Alfred P. Hanchett, Council Bluffs, Ia.; First Vice-President, Dr. Lewis P. Crutcher, Kansas City, Mo.; Second Vice-President, Dr. Freda M. Lankton, Omaha, Neb.; Secretary, Dr. Earle B. Woodward, Lincoln, Neb.; Treasurer, Dr. Malancthon B. Snyder, Council Bluffs, Ia.

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Hahnemann wrote of *Antimonium crudum*: "A child cannot bear being touched or looked at; rush of blood to the head; troublesome itching on the head, with falling off of the hair; *redness and inflammations of the eye-lids*; sore nostrils; heat and itching in the cheeks; *pain in hollow teeth*; chronic loss of appetite; *eructations, tasting of the ingesta*; nausea, loathing disposition to vomit consequent upon spoiled stomach; colic, with absence of appetite, hard stool, and red urine, in a child; pinching in the belly with a sensation as if diarrhœa would come on; alternately diarrhœa and constipation, in people rather advanced in age; difficult hard stool; constant discharge of white-yellowish slime from the anus; frequent urinating, with discharge of a quantity of mucus, and burning in the urethra with pains in the small of the back; cutting pain in the urethra, when urinating; obstruction of the nose; painful inflammation of the tendons in the bend of the elbow, with violent redness and curvature of the arm; the legs go to sleep when sitting quietly; violent pains in lower extremities; corn on the sole of the foot; large horny places on the sole of the foot, close by the toes; horny excrescence in front under the nail of the big toe; malformations of the skin; sensitiveness to cold; somnolence."

## PERSONAL.

"Life is simply molecular music," says a scientist. How simple!

"I have had some wonderful results with *Arundo muritanica*, and its patients are made happy," writes C. G. S. Austin, M. D., Nantucket, Mass.

Dr. Ruata, of the University of Perugia, Italy, says that the Pasteur treatment of rabies often *causes* the disease, but never prevents it.

The number of marvelous "discoveries" by the "University of Chicago" heralded through the press is astonishing.

Dr. Malfatti (*La Reforma Medica*) concludes that the tuberculin diagnosis is not reliable "unless accompanied by other diagnostic signs" of tuberculosis.

"The goodness of the bad amazes me almost as much as the badness of the good," says Dr. Lavender.

That Michigander of Kalamazoo who died of excessive smoking at the age of 89 is a warning against the use of tobacco.

"Le lait stérilisé est un produit sans vertu; la stérilisation détruit tous les acides normaux, d'où le développement d'affections scorbutiques observées souvent dans l'alimentation avec du lait bouilli."—*French Exchange*.

The doctor told the man with the red nose to "take nothing."

The Germans say, that every woman would rather be beautiful than good.

For sleeplessness "take a hot bath," "take a cold bath," "take a walk," "eat something," "drink something," etc., etc.

"Physicians do not write enough about their experiences—their practical experiences."—*Andrews, of Medical Summary*.

A learned German asserts that 19 per cent. of themen are affected with oligoneerozoöpermia—and he never blinked an eye.

When you get down to the root of the matter "opera house" and "work house" are about the same thing.

A soft answer will also at times turn away a hard fist.

If it makes you feel better why not howl, or cuss, as well as grin and bear it.

When capital and labor get together, as in Chicago, it's the "scab" taxpayer that is thumped.

Would not *Echinacea* be a good prophylactic against all zymotic diseases? *Nux moschata*, flatulent dyspepsia, "everything turns to wind."

Dowie cannot save New York, it seems!

All subscriptions to the RECORDER received until the first of next year receive remaining numbers of this year free.

# THE HOMŒOPATHIC RECORDER.

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## WHY WE ALTERNATE.\*

J. W. Mastin, M. D., Denver, Colo.

I am going to include everybody in the charge in order that those pleading "not guilty" may have an opportunity of presenting their cases in open court. Those acknowledging the accusation will have like opportunity of presenting their excuses, and, as a result, we will have another catch-as-catch-can wrestling match with a subject which invariably, on being discussed, brings to the surface a large assortment of differences of opinion.

I'll admit, in attempting to give you the absolutely correct answer to this conundrum, "why we alternate," which has been given up as a hopeless task by much older and much more capable men than I even pretend to be, that I am laying myself liable to come in for considerable criticism, more or less just, as well as exposing myself to the charge of displaying an unpardonable amount of presumption, but as such martyrdom is quite likely to be productive of much good I am willing to sacrifice my personal feelings in the matter and offer myself up as the horrible example of the man who "wasn't afraid." I will relieve your minds of any suspense as to the stand I intend taking in the matter by declaring that I believe the cause for this wholesale lapse from homœopathic honesty is due to either one or the other of two conditions occasionally both enter into an unholy alliance to lure the unsuspecting seeker after Hahnemannian principles from the straight and narrow path, and the two causes that I refer to are:

First, the lack of thoroughness in the teaching of *Materia Medica* in the majority of our medical colleges.

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\* Read before the Colorado Homœopathic Society, September 17, 1903.

Second, the bad example set students and young practitioners by the "old man," the instructors and clinical demonstrators.

Some while ago, at a meeting of the Denver Homœopathic Club (this is merely taken as an example, as this paper is not intended to reflect upon any particular college, "old man," instructor or clinical demonstrator), it was manifestly evident that, with but few admissions from among those present, the habit of alternation was the rule instead of being the exception, but, I am glad to say, in extenuation of this deviation from one of the fundamental principles of our faith there was no one cowardly enough to give as a reason for their indulgence in this pernicious practice a lack of *instruction* with reference to the single remedy theory; on the contrary, the fact was brought out that there had been no end of *teaching* of this principle, but, to counteract the impression made by all of this good work, it was almost unanimously declared that when it came down to a practical demonstration of the single-remedy law the preceptors and clinical demonstrators failed to associate their practice with their preaching sufficiently close to make it appear that the latter was intended for anything more serious than a joke.

In making the declaration that *Materia Medica* is not taught *thoroughly* enough in many of our medical colleges I want to correct the impression that I may have given out by saying that this should include them all. It isn't so much the fault of the colleges as it is of the system which has been followed ever since *Materia Medica* was taught. I refer to the practice of taking a remedy for a subject, dig up all the peculiar, unheard-of symptoms, begin at the head and go down to the end of the big toe in covering the territory for regional peculiarities, and quite likely overlook the *characteristic* symptoms of the drug altogether, or, if they are noticed at all, give them no more prominence than some minor detail which is quite likely to be found in a dozen different drugs. I am perfectly willing to acknowledge that the cumbersome complexity of the symptomatology, as given in the majority of our standard works, is almost sufficient cause for driving students of Homœopathic *Materia Medica* to strong and deadly drink; but I also believe that the discouraging and confusing as well as the demoralizing features of the study might be overcome, or modified at least, by confining the list of remedies to be taught to the polychrests, as given by Jahr, which includes twenty-four commonly used drugs, and further confining the instruction to the charac-

teristics of the drug only, so that, when a student left the medical college coming within the requirements of this intention, he should be as familiar with the characteristic symptoms of this available list of remedies, which would lead to the immediate recognition of the remedy when the picture presented itself in the sick as they were with the picture of near and dear relatives to be found in the old family album. When such a man as Dr. E. B. Nash is willing to acknowledge that he had never come to anything like a practical knowledge of *Materia Medica* for homœopathic prescribing until he had studied and *committed to memory* "Hering's Characteristic Cards," it should not be a very hard matter for the average student of this all-important study to understand that this is the best way to begin it at least, if for no other reason than that it so establishes the habit of learning each separate remedy thoroughly, that future research will result in an equally complete mastery of such subjects as may come up for further consideration.

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### SOME PRACTICAL OBSERVATIONS ON THE STRENGTH OF MEDICINES.

W. A. Dewey, M. D., Ann Arbor.

This is practically my first offense of writing on the question of potency. I did once read a paper, which was never published, before a local society on the question and, therefore, I feel at liberty to include in the present paper some of the points of that one. I wish to state at the outset that I am not a high-potency man, a low-potency man, or a no-potency man, but I am one of the class that believes in and uses all potencies. The subject of potency is one that is generally tabooed by our societies, as provocative of perhaps too acrimonious discussion. It has been presented to our societies in all its phases, some advocating the high, some the low, and some that secure middle ground between the two, while a few have arrived at a solution of the question, namely, by individualizing in potency with as much care as is done in the selection of the remedy.

The question of dose is certainly one of the most serious points of our therapeutics. After the recognition of the disease comes the choice of the remedy, but after the choice of the remedy comes the choice of the dose. The dogma of individualization extends as much to the dose as it does to the choice of the remedy.

My object in presenting this paper is not to go into the subject of potencies exhaustively, but simply to give a few points that partake wholly of personal experience and observation during nearly a quarter of a century's work in the medical field. I believe that by comparing our experiences we can derive much value and, perhaps, secure better results in our treatment of disease. There reigns relative to dose in our school an incertitude amounting to almost anarchy. If some light can be thrown on the question by our discussion, and some accumulated evidence can be obtained, some good will be accomplished.

The allopathic school have what is called a system of dosage ; that is, each remedy has indicated for it a minimum and a maximum dose, and the range between these is very extensive, so much so, that practically this school is as much at sea, as far as absolute dosage goes, as we are.

We often hear it stated that dose has nothing to do with Homœopathy; that if a cure is wrought, it is a homœopathic one, no matter what the dose. I am now prepared to accept this as a correct statement, for I believe that Nature does some curing, and that some cases recover in spite of the homœopathic medication ; I further believe that the cases are spoiled by giving the wrong homœopathic medicine, and I mean by this that recovery is retarded thereby, and that the same occurs when an unsuitable potency is given.

What the suitable potency is, is the question to be decided. It can only be answered by experience and experiment, and it will be a long time before it can be determined with scientific accuracy.

Again, we hear it said that certain drugs act better in certain potencies, some in the higher and some in the lower. This, in a measure, is a correct statement, but it is by no means absolute. There is one point of which I am certain, namely, that any remedy, no matter what it is, must be given in a sub-physiological dose in order to effect the best homœopathic cure. It must be given in a less dose than was used to prove it upon the healthy. In other words, I believe that if a remedy was proved in the third potency and its pathogenesis is wholly obtained from that potency, it should be given in potencies higher than third, in order to get its *best* homœopathic action in the disease. I do not mean by this that lower potencies will not act, or that cures will not be made by lower ones, but that *better* results and *quicker* cures will be had from those potencies which are higher.

In passing, I would say that when high potencies are mentioned in this essay, I do not mean the potencies of Swan, Jenichen, Fincke and other makers who follow simply a bottle-washing process, but the genuine Hahnemannian potencies, not going perhaps above the 200th or the 1,000th. The former are not what they are claimed to be, often, in fact, being lower than the 12th Hahnemannian potency, though labeled way up in the millions. Hahnemann used the 30th, and never went higher except for experimental purposes. I believe that much injury has been done by these chimerical potencies, which are not what they are supposed to represent.

On the other hand, I also believe that perhaps as great an injury has been done to Homœopathy by giving our remedies in doses that are sometimes fully as strong, and in some instances stronger, than the regular allopathic dose would be. It is the dynamic effect that the homœopathic physician should seek, not the materialistic one; yet it should be remembered that "dynamics" mean power, and that matter is force.

Permit me now to specialize a few remedies.

*Pulsatilla*.—This is a remedy that was proven especially in the lower potencies, and most of its symptomatology is derived from the administration of the drug in strengths above the tincture. It has been my experience with this remedy that it acts best in the 6th potency and upwards. I have yet to see the decided action of *Pulsatilla* in the tincture and lower potencies that I have seen in the higher. Dr. Jousset, in his *Practice of Medicine*, recommends this remedy in the tincture, in some catarrhal conditions, and in the 6th and 30th in others, for instance, he recommends it low in coryza, and in the 6th in measles; in the tincture in gonorrhœa, and in the 6th in leucorrhœa. In chlorosis the 6th seems the most effective.

*Chamomilla*.—The above remarks apply equally well to *Chamomilla*. I have often heard physicians remark that they seldom, if ever, prescribed *Chamomilla*; that it never came up to their expectations, and that *Ferrum phosphoricum* was nearly always a substitute therefor. If these same physicians would use *Chamomilla* in the 12th potency, or at least not lower than the sixth, their respect for it would return. Dr. Bayes and Dr. Madden, of England, used this potency, and Jousset does not mention its use in strengths below the third.

*Gelsemium*.—This is a remedy that I formerly used in the lowest

potencies, and in California, where I practiced for a number of years, it was seldom, owing to climatic conditions, that *Aconite* was indicated. *Gelsemium* was our *Aconite*. I have seen excellent results from *Gelsemium* in the tincture and the extreme low potencies that I have never been able to obtain in the higher, and I have tried it quite faithfully in the higher potencies. In paralytic conditions, however, it seems as if it ought to act best in the higher potencies, but I have not seen evidence of it. In nervous headache and migraine there is no better potency than the 30th c.

*Aconite*.—That there are certain conditions where a remedy may act well in low potencies, yet in other conditions it acts better when given high, I am fully aware, and this might be illustrated with *Aconite*. In very acute affections the remedy should be given as low as the third. In neuralgias, however, I have found *Aconite* 30th a very satisfying potency. This condition obtains with every remedy. It has been said, the healthier an organism is the lower a medicine it takes to disarrange it, but when the system is already disarranged, and the more it is disarranged, the higher the potency necessary to make an impression. This being true, and the *Aconite* condition being a rugged one, it would seem that *Aconite* high would be the logical strength. It has always been my experience that it does act better in potencies above those that would produce physiological effects.

*Bryonia*.—This is a remedy that I use almost exclusively in the 3d potency. Formerly I gave it in the tincture and first dilution, but I have never had the prompt results in the lower dilutions that I have had in the third. Another thing that I have observed about *Bryonia* is that it should not be repeated too often. I believe it a mistake to give *Bryonia* every half hour; better effects will be had if the remedy be given every three or four hours, even in the most acute cases. In rheumatic affections only might *Bryonia* be used lower, though even here Dr. Bayes recommends the 18th dilution. Dr. Dahlke, of Berlin, asserts the higher potencies will do all that can be expected of the remedy.

*Graphites*.—In gastric complaints I have found this remedy most active in the 12th potency; this is the one recommended by Dr. Jousset, from whom I got the idea, and I have found it to work well in this strength.

*Nux vomica*.—This is another remedy Dr. Jousset recommends in the 12th potency in gastric disorders, especially when accompanied by constipation, and this too I have verified. I have seen

*Nux vomica* 200 cure constipation when the lower potencies, 3d, 12th and 30th, have failed. I am positive that we have no better potency than the 200th in a genuine *Nux vomica* constipation.

*Anacardium*.—This remedy is similar to *Nux* in many ways, and in my hands it has been practically useless in potencies lower than the 12th, and I have heard this fact emphasized by a number of physicians. In mental troubles some authorities speak favorably of the lower potencies.

*Cannabis sativa*.—In the treatment of gonorrhœa I have never had such gratifying results from *Cannabis sativa* in the tincture as I have had from the third potency. In an extensive practice in this affection I formerly gave ten-drop doses of the tincture, but soon found that a less dose was more efficacious, and have been led to believe that those who have had no results, or unsatisfactory ones, with *Cannabis sativa* have given it too low.

*Coffea*.—The 30th potency of this remedy in sleeplessness, according to my experience, is the only potency to give. By this I mean that I have never been able to get satisfactory results with the lower potencies. This may be due to the fact that, inasmuch as coffee is an almost universal beverage, high potencies act better.

*Digitalis*.—This is a remedy that I never give in any other potency than the third. If it be indicated homœopathically by its slow pulse, its sinking at the epigastrium, and its other well-known symptoms, it will act well in this strength. I do not give it for rapid pulse homœopathically, for it is never indicated.

*Conium*.—If I am positive of any one thing in medicine it is the power of *Conium* 30th to cure certain "lumps" in the female breast. It has been my experience repeatedly to see tumors of a suspicious nature in the mammæ disappear by the use of *Conium* in this potency. Of course the indications must present themselves here, as with any other remedy. There are piercing pains, a tender gland, with a fugitive stitching here and there in it. More especially is it indicated if the lump dates from some injury, such as a blow. I do not know but other potencies would do the same, but I am sure of the 30th, and could relate a number of cases wherein it has prevented the advised use of the surgeon's knife. If we wait too long, or if the case is one too far advanced, time may be lost, to the detriment of the patient. Of this I am aware, but in most cases in the early stages of mammary tumors the waiting of a few weeks will not result in harm to the patient if the case be watched. It is in the formative stage of these neo-

plasms that the remedy will act by checking the development of the growth.

*Arsenicum*.—This is a remedy said to bear the potentiation better than any other in the *Materia Medica*, and I believe that it is the universal testimony that the third centesimal potency is as low as it should be used. I think one can tie to this potency with considerable security. In intermittents, however, and in neuralgias, the higher potencies act better, and apparently it matters not how high one goes.

*Sanguinaria*.—In headache this remedy has served me best in the tincture, but some authorities prefer the 6th. In rheumatism the higher potencies have proved more satisfactory to me.

*Lycopodium*.—This remedy is usually advised in the high potencies, along with other so-called inert drugs, and it is in the higher potencies that it will work in the majority of cases, yet I have seen *Lycopodium* in the tincture do most satisfactory work in the so-called uric-acid diathesis, in clearing up red sand deposit in the urine when potencies had failed. The homœopathicity of this is apparent.

*Veratrum viride*.—This I have never used in any strength but the tincture; I would like to hear of its use in other potencies, but so few cases correspond to it homœopathically that I have had little opportunity to test it.

*Kali muriaticum*.—One of the positive things in medicine is the power of *Kali muriaticum* to cure the ordinary follicular sore throat that occurs in children as a result of dietary indiscretion. I have so often verified this that I am sure of its action. I use the 6th, having tried the 3d and the 12th with less satisfactory results. The white-coated tongue should be present.

*Capsicum*.—This is a remedy that will be found useful in the third potency in dysentery and in ear troubles, but in the gastric troubles from alcoholic excesses, give the tincture.

*Veratrum album*.—This is a remedy that I am actually afraid of in potencies below the sixth in diarrhœas; not that it does not work, for it does work, and that too promptly. I have seen patients with choleraic diarrhœa die from the too sudden stoppage of the discharge, from the administration of *Veratrum* 6th. The higher potencies act less promptly and with less danger.

*Psorinum*.—The efficacy of high potencies, the 30th or 200th, preferably the latter, may be well tested by *Psorinum*. It is a wonderful remedy, and one not to be despised when well chosen.

*Ignatia*.—Perhaps more failures are made with this remedy because of the use of lower potencies than any other. The higher potencies act best.

*Phosphoric acid*.—In the 12th potency I have seen *Phosphoric acid* check the night-sweats of phthisis, giving the patient increased strength during the action of this remedy.

*Carbo vegetabilis*.—This is most always recommended and used in the higher potencies, but the 6th will act well in indigestion with acid or acrid eructations, and the other symptoms of the remedy present.

*Cinchona*.—There is no doubt but that too many physicians err in giving *Cinchona* too low in symptomatic anæmia; this was well pointed out by Dr. George Royal. He advocates the 30th, and I have seen it work well.

*Belladonna*.—While the medium potencies of this remedy are to be preferred in most cases, in all hyperæsthetic conditions of the brain with intensified and violent symptoms the higher potencies should be given.

It would, perhaps, be possible to extend this paper to an unlimited extent by calling up other remedies; it has, perhaps, become tiresome already. There is one point, however, that I wish to mention; it is this:

Students oftentimes become possessed of the idea that the stronger the dose the quicker the cure. I recall my student days and the wonder and admiration Dr. Austin Flint excited when he wrote one of his interminable prescriptions upon the blackboard; the longer and stronger they were the more the applause. An error in those who are beginning to practice Homœopathy is that medicine must have a taste and color to satisfy the patient. This has worked great injury to the cause of Homœopathy, for the allopaths have accused us of giving stronger doses than they do. It has ever been an endeavor of the allopathic school to disguise and render pleasant their doses, yet there are homœopaths who habitually give *Bryonia*, *Nux vomica* and *Colocynth* in the bitterest of doses, the acids so that they burn, *Iodine* and *Cinchona* in the darkest of liquids, even using coloring matters simply to satisfy their patients, when better results would be obtained and the patient would be as well satisfied by the tasteless preparations.

Finally, it has ever been my opinion that the adoption of the decimal scale as a dispensing one has been a mistake, and has

worked injury to the cause of Homœopathy by furnishing preparations that oftentimes too nearly approach, in fact and in application, those of allopathy. I am aware that finer and better division is obtained; but this could be obtained by changing the mode of procedure in making the centesimal potencies.

We should never lose sight of that fundamental principle of Homœopathy, namely, to give the least possible amount of medicine that will cure.

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**“LEST WE FORGET” WE ARE HOMŒOPATHS.**

*Dear Mr. Editor:*—While Homœopathy does not mean “little pills,” neither should it mean “more medicine than the allopaths give.” During the early part of the summer a patient whom I had rescued from the jaws of allopathy after a good deal of hard work asked me for the address of a homœopathic physician near her summer home. A few days since I received a telegram describing her condition and asking for medicine. I sent a remedy together with a rebuke for her not having called the homœopathic physician whose name I had given her. I feel quite sure he is a homœopath, because he has been president of his State society. Yesterday I received a letter from my patient saying that she had been under the care of an allopathic physician “because the homœopath gave so much more and so much stronger medicine that she *could not possibly take it.*”

How can we spread Homœopathy under such circumstances? Kindly inform,

Yours very respectfully,

DILEMMA.

(Probably some of our readers can answer this query?—Editor of the HOMŒOPATHIC RECORDER.)

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**FERRUM IN RHEUMATISM OF THE DELTOID MUSCLE.**

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, October 8, 1903.

The specific elective affinity of many remedies for definite organs, tissues and groups of cells is a fact which has been so fre-

quently observed in the careful provings of the homœopathic school and confirmed too frequently by clinical experience to be called in question, no matter how skeptical we may be inclined to show ourselves.

Among Hahnemann's provings of *Ferrum* we read:

"Cracking in the shoulder-joint, which pains as if shattered when pressed upon.

"Pain, lancination and tearing in the shoulder-joint, in the upper arm and further down, which makes it impossible to raise it.

"A kind of paralysis, inability to lift up the arms on account of a painful tension between the shoulder-blades and on the sternum.

"He cannot raise up the right arm, there are lancinating and tearing pains in the shoulder-joint, which feels on touch as if crushed, all down through the upper arm.

"Spasm in the fingers and numbness and insensibility therein."

Here also it is the right arm which was chiefly affected. Besides this *Ferrum* causes a similar pain in the hip-joint and in the thighs. There is:

"A sort of paralysis, a tearing with severe lancinations from the hip-joint down into the shin and the foot below it (the ball and socket are sore to the touch and feel as if crushed). He cannot stand up for pains, though these *decrease while walking*; he has to get up and walk around to diminish the pain. The pain in the limb is also diminished on moving the parts affected. *Ferrum* has the characteristic that the pains increase as the patient starts to walk, but diminishes when the motion is continued—a symptom also found in *Rhus*.

The practical application of *Ferrum* in rheumatic affections was rare with our earlier physicians as a review of our literature demonstrates. The use of the remedy in rheumatism of the deltoid muscle, which might have been expected from its pathogenetic symptoms has only been lately introduced, and attention was called to it especially by an article of Dr. Bolle in the *Allg. Hom. Zeit.*, vol. 48, No 9.

Dr. Bolle had requested his colleagues to mention to him a remedy proved by experience as suitable in a particular form of rheumatism. The seat of this rheumatism was in the shoulder, especially in the deltoid muscle; it extended to the insertion of this muscle on the upper arm, and often down to the elbow-joint, causing a *drawing, tearing, paralyzing and continuous pain*, in which the patient can neither raise his arm to his head, nor move

it toward the back, while the movements of the forearm are unimpeded. The pains appear generally after catching a slight cold, while the patient can neither bear to be continuously covered in bed, nor to be uncovered for any length of time, neither can he bear continuous warmth, nor continuous cold. The pain is only slightly relieved by gentle motions or changes in the position of the arms, and is usually unattended with *any* swelling of the parts affected. This affection may occur with psoric or with non-psoric individuals, with those who have been syphilitic as well as with non-syphilitic persons.

As *very many* homœopathic remedies have some similarity with this *frequent* affection, and characteristic indications for a differentiating choice are mostly lacking, everything depends on experience.

The veterinary surgeon Plate gave answer that he had found *Ferrum mur.* 3d trit. of great use in the rheumatic lameness in the foreleg of horses, and starting from this experience, he had also used it with human patients in the kind of rheumatism described by Dr. Bolle, as this bore a strong resemblance to it. At first he used *Ferrum mur.* 30, about one dose in four days, and had seen cures in inveterate cases after five or six doses, within three weeks. Where the affliction had only lasted eight days, *Ferrum met.* 3 c. trit. in daily doses effected a cure in nine to twelve days. Later on he only used *Ferrum muriat.* 3 c. trit. in daily doses. In recent cases he effected through its use perfect cures within four to eight days, after the *first two* doses had at first produced a *noticeable aggravation*. He particularized the following cases:

I. A man thirty-three years of age, a tanner, large and vigorous, who had never had any disease worth mentioning, was seized at first with a *slight drawing* in the right shoulder. In three days the pain changed into a *tearing* pain with occasional *lancinations* and extended to the elbow, accompanied with a *laming* weakness of the arm. At the slightest *motion* of the arm, and also *at night in bed*, the pain was intolerable, so that he could not stay in bed. *Walking* somewhat diminished the pain. His health was otherwise good; only he felt out of humor, vexed and inclined to weep, because he could not attend to his business. This had been his state for six days, counting from the slight drawing pain. The patient received three doses of *Ferrum mur.* 2 c. trit., one dose every twelve hours. In four days every trace of the ailment had disappeared.

II. A workman, aged fifty-two years, thick set and vigorous, never before sick to any degree, had been troubled for five weeks with *continued, tearing*, lancinating pains with a *paralytic* sensation in the left shoulder, and down the upper arm to the elbow. This was *aggravated by the slightest motion of the upper arm, and by lying on a featherbed*. Slight motions of the body somewhat eased the pains or made them at least less noticeable. He was treated by the physicians of Bremerhaven with cupping and leeches; he had also been rubbed with ammoniacal camphor liniment, etc., without any result. During the last week he had continually grown worse. There was no swelling of the parts affected, either in this case or the one preceding. The patient received fourteen doses of *Ferrum mur.* 3 c. trit., one dose a day. Each dose consisted of three to four grains. After the first two doses there was an aggravation, but in six days there was a *decided improvement*, and in two weeks a full cure.

III. Dr. Bolle then gives an account of a very severe and chronic case: A dyer, aged forty-five years, with dark hair and complexion, choleric, but muscular, who as a child had had the itch, but no other disease of any amount; had frequently suffered from rheumatic pains, but these had usually passed off in six to eight weeks, and had never been so severe as at present, when for nine months he had been suffering with the following symptoms:

Continuous *dull, tearing* pains, associated occasionally with *rapid, piercing* lancinations in the deltoid muscle, especially at its insertion into the upper arm, extending to the elbow, but diminishing in intensity on the way there. Keeping the arm at rest, the warmth of the bed and uncovering the arm when in bed, all increase the pain until it becomes intolerable. He cannot move his elbow even a handbreadth from the trunk of the body without increasing the pains. It is quite impossible for him to raise his arm or his hand to his head, or to move them toward the back. Everything else is normal.

Dr. Bolle had only the 6th trituration of *Ferrum metal.* at hand and gave the patient eight doses of about a grain each with some sugar of milk. The effect was surprising. Even the next day after the first dose there was a decided improvement, which continued equably day by day, and so quickly that in ten to twelve days no trace of the disease was left.

To these we add a later case by Dr. Stens, Jr.:

IV. A lady of forty-eight years, whose periods had been regu-

lar though weak, had suffered for some years from disturbances in her digestion and attacks of megrim, which had responded favorably to *Sulphur* and *Nux vom.* 3x. One morning she awoke with a severe drawing, tearing pain in the right upper arm and the region about the right shoulder; probably she had gotten wet feet on her walk through a wet meadow, causing a cold. The pain grew worse on any strong motion of the arm, while slight movements gave ease, so that the patient kept her arm in almost continual motion. The parts affected were sensitive to the touch. After this she regularly was in perspiration from two to six o'clock in the morning, but this only aggravated the pains. Besides this the patient complained of a numb feeling in the right hand and of weakness of the same, so that she could not lift up any heavy object. There was also a general lassitude, with an inclination to lie down. The remedies seemingly indicated: *Mercurius*, *Rhus*, *Bryonia*, *Arnica*, *Ledum* and *Colchicum*, had no essential effect.

A careful new examination of the totality of the symptoms, joined with the anæmic condition of the patient, induced Dr. Stens to give her *Ferrum*, using Schuessler's preparation of *Ferrum phosphor.* 6 trit., morning and evening, as much as would lie on the point of a knife. After using this remedy for six days every pain as well as the concomitant troubles vanished, though soon afterward wet weather set in, during which the patient had always before noticed an essential aggravation of her ailments. In this case the ailment, which had a close similarity to the one preceding, had developed from an acute case of rheumatism.

The image, so well drawn by Dr. Bolle, of this type of rheumatism, which, with predilection, follows the extension of the deltoid muscle, is frequently found, and almost every one of us has probably observed how stubborn this ailment shows itself, even when the remedies are carefully selected. We must suppose that these remedies approach a *simile*, but that *Ferrum* is the *simillimum*, as *Ferrum* includes not only a similarity of form, but at the same time the constitutional relation, whether it be a generally anæmic diathesis or Grauvogl's oxygenoid constitution.

While Farrington claims that *Ferrum* is the special correlative of the musculus deltoideus on the left side, while *Sanguinaria* corresponds to the one on the right side; this is probably only due to his clinical observations, but the pathogenesis of the remedy and the cases above cited do not point to any absoluteness of this rule.

In the cases cited above the remedy used was *Ferrum* in the 30th, the 6th and the 3d triturations, and *Ferrum mur.* in the 3d trituration. Hartmann has also found *Ferrum acet.* effective in rheumatism on the right side, when the face was very pale and thin and the pain was of a lancinating, tearing description, worse at night, and somewhat relieved by moving the part affected and by walking.

It is well known that the old school has used *Carbonate of Iron*, often in very large doses, with frequent success in tedious neuralgias, especially with anæmic, patients.

In the homœopathic school Dr. Goullon, Sr., has seen very favorable results from *Ferrum carb.* 1st trit., as much as would lie on a knife-point, given every two hours for several days after *Belladonna* had refused to act, in cases of ischia with violent intermittent pains, in very obstinate lumbago, and in neuralgic pains, especially in the face, when these pains rapidly set in with extreme violence every ten to fifteen minutes.

But it is a question whether this remedy was indicated at first, or whether the disease gradually so changed that it finally corresponded to *Ferrum*.

## CATARACTA SENILIS.

By Dr. Mossa.

Translated for the HOMEOPATHIC RECORDER from *Hom. Allg. Zeit.*, of Oct. 8th, 1903.

As we see from the *Revue Homœopathique Française* (Dec., 1896), Dr. Parneteau delivered an address concerning the homœopathic treatment of several very important diseases of the eyes.

Of greatest interest is what he says about the curability of *Cataracta senilis*, because we have here the opinion of a homœopathic physician from his own experience concerning a subject lately discussed by us in our journal. The author says:

"I have repeatedly expressed the opinion that *Cataracta senilis*, or the progressive loss of transparency of the elements of the lenses, is a disease like other eye-diseases, and is characterized by a totality of symptoms and disturbance of tissues, the result of molecular changes, especially in the relation of the solid and fluid elements constituting the normal lense. According to this we are justified in searching for a proper remedy, whether

internal or external, local or general, which may check the development in the obscuration of the lenses, and thus prevent, or at least delay, the formation of the cataracts.

“This view is not peculiar to our school alone. Numerous oculists, and indeed some oculists of note, have had an indistinct idea of the possibility of such a cure, but almost all have confined this to the cataracta diabetica or to the forms caused by other morbid processes of the organ of vision; and it may be said without exaggeration that the preponderating majority of modern ophthalmologists consider that the treatment of cataracta senilis is exclusively surgical.”

To our school is due the praise of having again seriously taken up the internal treatment of cataracta senilis. Many remedies have been effectually tried, but few distinct indications for their differential diagnosis have so far been established.

One fact may, however, be pointed out: It appears to be sufficiently indicated that a cataract presents more prospects for further development or cure according as the treatment is undertaken soon after the commencement of the affection.

To show, why it is that a remedy may act effectively at one time, while it may be altogether useless to try it at another period, we must consider the anatomico-physiological relations of the crystalline lenses.

If we omit the capsule of the lens, its body is composed, as is well known, of two laminæ of fibres, the superficial fibres, and the central fibres, not many in number, and the indented or wavy fibres which are interlaced at their margins.

All these fibres, with which in the plane of the equator the so-called formative cells unite, are arranged in star-shaped, and thus divide the lense into a definite number of sectors, which, however, in their totality are wholly transparent.

Under the influence of certain chemical substances or under the influence of certain changes in the blood, whether caused by age or by pathological processes, the lens is seen to split up, separating into a definite number of fissures. These fissures which communicate with each other, contain within at first the normal fluids of the crystalline lens, then such as by means of endosmose and exosmose gradually stream from without into that vacuum.

In consequence of this there appears the dimming of the lens generally in a radial form and especially pronounced in the equatorial portions of the lense. This is the first stage of develop-

ment of the cataract, in which the various elements retain their peculiar composition, although they change in form, arrangement and relation. This is the active period full as yet of the activity of life, which can, therefore, still be reached by proper agencies and is still capable of modification.

In this period we should act, otherwise our curative efforts will frequently, though not always prove ineffectual.

Under the influence of the disturbances in nutrition caused by such a state, the fibres of the crystalline lense assume a fine-grained appearance. This is, of course, an important molecular change, but it still seems capable of improvement. This is the *middle* stage.

The third period, which is the passive stage is characterized by the destruction of the cells and retrogressive changes. The fibres of the lense, drawn out at some points and compressed at others, gradually lose their form. If this was originally flattened, it now becomes cylindrical, becomes thickened in one part and thinned out in another, until at last it collapses; in this process it emits drops of fat, which, commingled with detritus of the tissues, crystals of cholesterine and sometimes with newly formed particles of lime, produce a general opaqueness or what is the same a cataract, the nature of which may vary according as one or the other kind of mutation predominates.

Dr. Parenteau says: "I would not make my declaration too definite, as the future may have in store for us comforting surprises, still as to myself, I do not believe that in this *third* period medicines can exercise any great influence. Well equipped as we may be in our therapy, we have not as yet advanced so far as to allow life to rise up anew out of that which is dead."

An experience of fifteen years has enabled Dr. Parenteau to determine somewhat definite indications for a number of remedies:

I. *Cannabis sativa*.—Cataracts which arise from nervous disturbances, psychical decadence or peculiarity of character, the abuse of alcohol or tobacco. The patient feels deeply injured, and fears an approaching blindness.

II. *Causticum*.—Cataracts in patients with whom there have been motory disturbances, or where these may still exist, whether these be of a paralytic or of a convulsive nature.

Dr. Parenteau witnessed brilliant results from this remedy with three patients, two of whom had suffered from hæmiplegia after hæmorrhage of the brain, while the third was affected with a pain-

less convulsion (tic) of the face. The opaqueness of a grayish color, indistinct and irregular, was visible in both eyes.

*Cineraria maritima*.—This remedy, which Dr. Parenteau considers to be unreliable, seems to be most effective in traumatic cataract and in cataract caused by a rupture of the zonula. These cataracts are whitish, scattered here and there and accompanied by very rapid obscuration of the vision. Dr. Parenteau has used this remedy in massive doses (four to eight drops of the mother-tincture in twenty-four hours). It might be still better to allow it to drop into the eye, as was advised by the first person recommending its use.

*Conium maculatum* is useful, like *Cannabis sativa*, with persons who are nervous and depressed. The doctor mentions a hypochondriac oculist with incipient cataract. As soon as he would stop this remedy, which was plainly indicated in his case, or if he took another instead, the opaqueness increased, but it would again be reduced when he returned to the use of this remedy.

*Ledum palustre*.—The doctor has used this remedy now for several years with patients who have suffered from gout. In the year 1891 he had to treat an aged gouty patient for irido-scleritis, while the lens also had begun to be turbid. He gave *Ledum* for the irido-scleritis, and was much surprised to note at the same time a diminution in the dimness of the lens. Since then he has several times had the opportunity of verifying this indication for *Ledum*.

*Naphthalin*.—According to the symptoms noted in poisoning from *Naphthalin*; this remedy seems to be plainly indicated. Once or twice the doctor had also some success from it, but he was sorry to find it but temporary. He could not discover the particular symptoms which would point to this remedy.

*Magnesia carbonica*—This remedy he has found very effective with women who were troubled with uterine or climacteric disturbances, as also with patients who had been weakened by previous severe diseases (such as cancer, syphilis, diseases of the stomach or of the liver, etc.). The emaciation is pronounced, while the skin is earthy, sallow and like parchment. In two cases of struma exophthalmic with cataracts, *Magnesia carb.* seemed to exercise a favorable influence on the latter.

*Natrum muriaticum*.—This remedy and *Secale cornutum* the doctor would call his leading remedies. Given in incipient cataracta senilis these two remedies in conjunction or either one by itself have nearly always yielded excellent results.

Particular indications for this remedy cannot be given; the cataracts which improved through their use were simple senile scleroses, in which no severe constitutional defect, nor any previous injury to the organ of vision, could be made responsible.

The appearance of such cataracts is, however, typical; they commence in the periphery, have a radical form, with plain though often irregular streaks. In this variety the power of vision remains comparatively good, especially when the patient has a good light.

*Phosphorus* is an excellent remedy in patients with albuminuria, diabetes and heart-disease; when there have been effusions of blood into the choroid coat and into the retina; the opaque parties being more central than peripheral, and accompanied by disturbance in vision the more acute as the light is more intense.

Quite lately the doctor witnessed a decided success of *Phosphorus* in the case of an aged gouty patient, who was also suffering from hæmorrhoids, and with whom *Ledum* had refused to act. Repeated, obstinate epistaxis had led to the employment of *Phosphorus* which then did excellent service.

*Secale cornutum*.—It is probable that, if the chief phenomenon in the non-transparency of the lens consists in the diminution of the inter-fibrillary fluid, *Natrum mur.* and *Secale* prove effective by bringing back the volume of this fluid more or less to its normal quantity. Besides these general indications *Secale* (like *Magnesia*) has the especial indication that it seems suitable preferably for women, with whom the menopause has caused or sustained serious uterine disturbances. A distinguishing mark between *Natrum muriaticum* and *Secale* is given by the doctor in this, that the former often causes a contraction but the latter a dilatation of the pupil of the eye.

*Senega* is praised by a few authors, and it seems to be indicated by the loss of fluids in the organism, but has furnished no reliable results to the author.

*Silicea*, however, he has repeatedly used with great success. The indications for it are: Cataracts in persons working in offices who by long-continued work or a feeble constitution have lost strength. The head feels heavy, there is a weak memory for words, vertigo, buzzing in the ears, troubles in the stomach, sometimes hæmorrhoids or gout; often also feverishness in the evening or at night. The pupils are usually contracted; in many cases there is also photophobia.

*Sulphur* seems to sustain the action of *Natrum mur.* and of *Secale*, where the cataracts are joined with a deficient general condition, either where there are scrofulous antecedents, cerebro-spinal disturbances, tubercles or considerable uterine troubles.

*Tellurium.*—The doctor experimented on cataract patients with this remedy in consequence of the recommendation of Dr. Guéum-Menneirt. The remedy might prove especially useful in cataracts owing to diseases of the organ of vision: irido-choroiditis, glaucoma, effusion of blood into the vitreous humor, detachment of the retina, etc. The severity of these primary ophthalmic diseases causes the treatment of such cataracts to be of secondary importance, so that we cannot always distinguish what is due to *Tellurium* and what to other remedies in the improvement.

Nevertheless, the author believes that *Tellurium* acts toward the absorption of infiltrations of the iris and of the choroid coat, and by vitalizing the crystalline lens it furthers the reduction of incipient opaqueness of the same.

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## ARTEMISIA ABSINTHIUM IN EPILEPSY.

By Alfred Pullar, M. D.

The poisonous effects of absinthe are well known, and its probable value in homœopathic therapeutics was deduced mainly from the symptoms occurring in confirmed drinkers of this intoxicant. Amongst the morbid phenomena thus induced, convulsive seizures, with partial or entire loss of consciousness, are prominent symptoms. As the essential lesion in many cases of this character is more or less obscure, the clinical features alone form the source of our knowledge of the action of the poison. But in actual epilepsy we are sometimes equally in the dark as to the pathological condition, and, therefore, from our therapeutic standpoint the similarity of the clinical phenomena is sufficiently reliable as an indication for the use of the medicine. Theories of causation have too long dominated therapeutics, the real advance of which has been due to the careful observation of individual characteristic symptoms in relation to their medicinal analogues.

Having obtained good results with *Absinthium* in several patients suffering from *petit-mal*, I was led to its use in a case of

more severe type which has recently been under my observation. Miss M. (æt. 63) had been liable to fits at intervals during the past two years. These seizures were preceded by vertigo, by a "warm sensation rising from the stomach," and by slight impairment of speech. During the attack the left side of the face was strongly convulsed and the tongue frequently bitten, the left arm and leg being at the same time rigidly contracted. Latterly the seizures occurred as often as eight times during twenty-four hours, usually worse at night, leaving patient dazed and frightened; her memory also much impaired. In the early part of her illness the fits occurred only at long intervals (weeks or months). Her friends informed me that the patient did not seem always quite bereft of consciousness during the seizures. My first prescription was *Cicuta*, which, however, effected little, if any, improvement. The fits were recurring almost hourly at night with prolonged unconsciousness. I regarded the attacks as due to some lesion in the right cerebral cortex, the exact nature or extent of which I was, however, unable to determine. But, fortunately, obscure pathology does not necessarily imply the failure of treatment which is based on a more secure foundation. The morbid phenomena of *Absinthium* presenting features strongly resembling those of the case before me, there could be little hesitation in the choice of a remedy. The characteristic symptoms of *Absinthe* are: Sudden and severe giddiness, epileptiform seizures, delirium with hallucinations and loss of consciousness. For some time after the attack there is loss of memory. As one of the premonitory symptoms my patient described "a warm sensation rising from the stomach," which might correspond to the "scalded feeling in the throat" found in the pathogenesis of *Absinthe*. The leading symptoms, however, in my view of the case, were the vertigo and epileptiform attacks. The disease-picture being thus clearly defined, *Absinth.* (5th dec.) was given, and on calling next day I was informed that after two doses of the medicine patient had been free from the nightly attacks and seemed better. I advised her to take no more medicine unless the convulsive symptoms were threatening; and since that date (September 18th) there has not been any recurrence, whilst her general health and also her memory have much improved.—*Homœopathic World.*

## MODERN MEDICINE AS DEPICTED BY ITS PROFESSORS.

By R. E. Dudgeon, M. D.

The British Medical Association is undoubtedly the largest organized collection of British medical practitioners, and its annual assembly may be regarded as a "Sanhedrim" or "Wapenshaw" of the whole medical profession of Britain; for the few who are not enrolled in its ranks are chiefly those insignificant though legally qualified members of the faculty, the homœopaths, who were deliberately excluded from membership at the meeting in Brighton, fifty years ago, and have never since been considered worthy to be admitted to its sacred ranks.

### He Isn't Sure About It.

The annual meeting of this body of the elect of the profession has always possessed a singular attraction for me. Here, if anywhere, we should learn the truth about those great advances in scientific medicine so constantly boasted of by the able editors of the periodicals and by the numerous contributors to their columns! And the arrangements of the grand ceremonial encourage this expectation, for three of the ablest representatives of medicine and surgery are appointed to deliver addresses—presidential, medical, and surgical. The presidential address was delivered by Mr. T. D. Griffiths, general practitioner of Swansea, where the assembly was held, and the title of the address is "The Evolution of Antiseptic Surgery and its Influence on the Progress and Advancement of Bacteriology and Therapeutics." A curious subject for a presidential address! But the most curious thing is that the address does not fulfil the promise of the title. The author does not seem to be sure whether antiseptics or asepsis is best for surgery, and its connection with, far less its influence on, bacteriology and therapeutics is nowhere apparent. The author's bacteriological knowledge seems to be very superficial, and he appears to have got up his subject very imperfectly. According to him these micro-organisms belong neither to the vegetable nor animal kingdom, but form a kingdom of their own—"the bacterial kingdom." This is indeed charming! For Mr. Griffiths, whose nationality is unmistakable, Great Britain is not made up of two kingdoms only, to wit, England and Scotland, but of three, England, Scot-

land, and Wales—though supercilious cavillers might deny that Wales has any right to be considered a kingdom, and was never more than a principality—so to him animated nature consists of

### A New Kingdom.

not two kingdoms only, animals and vegetables, but the three, animals, vegetables, and bacteria. Our manuals of Natural History will have to be altered so as to bring them into accord with this amazing discovery. "Their very existence," he continues, "appears to be antagonistic to both animal and vegetable life. Their object in nature is evidently one of destruction," and this in spite of the general opinion of bacteriologists that many microbes, which they term "saprophytes," are necessary to plants and animals! "Undoubtedly they are the causal agents of all the communicable diseases to which flesh, and not human flesh alone, is heir." This is considerably more than the most enthusiastic bacteriologist has claimed for his *protégés*. Syphilis, small-pox, mumps, measles, scarlatina, whooping-cough, and some other diseases are communicable, but no one has as yet discovered a specific microbe for any of these very "communicable" diseases. The neophytes, who are not usually experts, generally go a great way beyond the latter in their estimate of the numbers and potency of these infinitesimal organisms. The wild hypotheses of fanatical bacteriologists are accepted as inexpugnable facts, and it is often sought to excuse their extravagances by pleading that the absurdity is a good "working hypothesis." Of course Mr. Griffiths accepts as a fact the unproved assertion that one kind of bacterium may change at will, or under "favorable conditions," into another, from an innocuous saprophyte to a pathogenic microbe of a malignant character, but whether that is a good or a bad "working hypothesis" I do not know—I should be rather inclined to consider it a bad idea. His concluding sentence on the microbial subject is, "Bacteriology has done much to unravel the mysteries of pathological processes, and it will do still more to advance our knowledge of medicines." The only comment I can think of appropriate to this presidential dictum is Mr. Burchell's "Fudge!"

### Devils or Demons.

The hypothesis that diseases were caused by devils or demons getting into the body somehow and taking up their abode there,

which was universally believed till far into the Christian era, was perhaps "a good working hypothesis," but is not credited nowadays except by a few devout people. But I have heard some microbophobes express their belief that all bacteria were devils, and perhaps they are, only very small ones. But their smallness need not militate against their claim to diabolic nature, for I remember reading that some great theological authority—possibly some conclave of Sorbonne doctors—had calculated or decided that 20,000 spiritual creatures, angelic or diabolic, I forget which, could dance comfortably on the point of a needle. This would about put them on an equality, in point of size, with the microbes that take possession of our bodies in diabolic fashion. Conn tells us that a cubic inch of milk that has stood twenty-four hours contains 13,000,000,000 microbes, and a bacteriologist lately announced that every time we wash in our morning tub we lose from ten to twenty millions of microbes. The hypothesis of bacterial disease being diabolic possession need not therefore be abandoned on account of any supposed difference in the sizes of the respective agents of the presumed invasions. It will doubtless be grateful and comforting to the devout persons alluded to to find their belief in diabolic possession as the cause of disease confirmed and corroborated, or, at least, rendered probable, by this latest development of pathological science.

### Therapeutics!!

Mr. Griffiths' observations on "Therapeutics" are worthy of his dissertation on bacteriology. The only medicines he mentions are *Salicin*, *Mercurial salts*, *Arsenic*, *Iodine* and *Iron*, which are all antiseptics and bactericides, and which cure by killing the microbes of many diseases "which we have not yet discovered." This, he says, as if conscious of its absurdity, is a "working hypothesis"—he does not venture to qualify it as "good." *Apropos* of *Salicin*, he says: "It is now acknowledged that rheumatic fever is due to a micro-organism which probably gains access to the circulation through the tonsils or mucous membrane of the pharynx;" *Salicin*, being a bactericide, kills the microbes and so cures the rheumatic fever. We know that there are special lunatic asylums for morphino-maniacs—methinks an asylum for microbo-maniacs will soon be an urgent necessity. I cannot help comparing this address by the chosen representative of the great body of the dominant medical school with that of the representa-

tive of the small body of Hahnemann's followers which was delivered about the same time at Oxford. While Mr. Griffiths was delivering the inane drivellings I have quoted, Dr. Wilde was delighting his colleagues with the thoughtful and philosophic oration. I have no doubt that many who were not present to hear it have read with admiration in the last number of this journal. And yet the Association has arrogantly decreed that the practitioners of Homœopathy are unworthy to be members of their illustrious fraternity! Let us see where this exponent of the latter-day pathology and therapeutics brings us. Rheumatism is caused by a microbe which gets into the circulation through the mucous membrane of the throat, and *Salicin* cures the disease by killing the microbe. If this is a fair specimen of the pathology and therapeutics of the twentieth century I am pleased to think that I belong rather to the nineteenth, when such a grotesque travesty of science could not have been displayed before an assembly of sane medical practitioners without exciting universal derision. But the *British Medical Journal* thinks the address "well worthy of careful study." Well, that's just what I have been doing, with the result indicated above. If Mr. Griffiths had been a listener at Oxford, in place of a speaker at Swansea, he would have heard something from our president which would have put him out of conceit of the salicylate treatment of rheumatic fever.

#### The Address in Medicine.

The address in medicine was given by Dr. F. T. Roberts, F. R. C. P., and many things else. The title of his address is, "On Infective and Infectious Diseases." By "infective" he understands that the disease "is the result of the direct action upon the body of one or more living pathogenic micro-organisms or bacteria," and by "infectious" that the disease "is capable of being communicated, either by direct inoculation or contagion, or indirectly in various ways, from person to person, or from some other animal to man." He further says: "An infectious disease must be infective; but an infective complaint is not necessarily infectious." But many "infectious" diseases, such as mumps, whooping-cough, measles, scarlatina, etc., have no known specific bacterium, or at least have not been proved to have any, so are not "infective." He admits this, but adds, "We may be certain that they exist, and this fact (?) may be accepted as the basis of a sound working hypothesis." Perhaps so,

but I think it would be more important that the "fact" had some basis in reality. It is obvious from what I have quoted, that Dr. Roberts is a thoroughgoing adherent of the bacteriological clique, and he endeavors to terrify us by enumerating the perils to which we are exposed from pathogenic microbes being so universally distributed. We may get them in milk—he says that Koch is "entirely wrong" in his denial of the infectious power of bovine tubercle bacilli to man—in beef, in fried fish, in uncooked vegetables, in oysters, in mussels, cockles, periwinkles, lobsters, crabs, etc. We may catch them from dogs, cats, flies, cockroaches, rats, mice, fleas, gnats and other vermin. In short, if we are to be influenced by what the microbophobes say, we should pass our life in a vain attempt to ward off the attacks of the myraid hosts of microscopic and invisible enemies, lying everywhere in wait to pounce upon us unexpectedly in order to afflict us with every kind of gruesome malady. The spokesmen of the medical profession, as we have seen in the addresses of these two chosen representatives of the science and art of medicine, can talk of little else than the omnipresence and omnipotence for evil of the denizens of the "bacterial kingdom." As theologians are said to be better than their creeds, so, perhaps, bacteriologists are not so microbophobic as their writings and addresses would lead us to suppose, for we do not observe that they take those precautions against the assaults of the formidable foe that would be inspired by a lively faith in his virulence. The fact is that the bacteriolo-

#### **The Bacteriologist the Ruling Power.**

gist is the ruling power in medicine, and as our lecturers on medicine, as a rule, know nothing practically about microbes, and are incompetent to make a bacteriological examination, they are obliged to take the facts or theories from the experts, and, possibly without "settled convictions," retail them for the instruction or amusement of their hearers, to the exclusion of any rational or irrational therapeutics with which they may be presumed to be practically conversant. Homœopathy has not escaped the microbial fascination, and at the Oxford Congress our esteemed colleague, Dr. James Johnstone, who is not an amateur but an expert bacteriologist, gave us a real bacteriological paper, entitled, "Immunity and Serum-Therapeutics in Relation to the Rule of Similars." He propounded a highly ingenious hypothesis to account for the curative action of our remedies. It was something

like this: The pathogenic microbe causes its specific disease by the toxin it manufactures; the medicine cures the disease by manufacturing in the organism an antitoxin which destroys or neutralizes the microbial toxin. As bacteriology is nearly, if not altogether, hypothetical, and as hypotheses can neither be proved nor disproved, Dr. Johnstone's hypothesis is as good as any other. I don't know if he considers it a good "working hypothesis"—perhaps not. It is told of an illustrious duke that he said the great recommendation of the Order of the Garter was that there was no pretence of merit about it, so perhaps the chief merit of

### Hypothesis Rules the Roost.

Dr. Johnstone's hypothesis is that there is no pretence of utility about it. Hypothesis rules the roost in all departments of medicine at the present moment. Rational pathology is elbowed out of the way by the ubiquitous microbe, and therapeutics meets with the same fate, as will presently be seen. Dr. Roberts has little to say about the medicinal treatment of infective and infectious diseases, and that little might as well have been left unsaid. We have, he says, "but very few specific remedies" for them; indeed, beyond the employment of *Salicin* and *Salicylates* or allied agents (*sic*) for rheumatism, I am not sure that we can claim any positive and assured discovery of this kind. He asserts that "antiseptics, antiferments, germicides or bactericides" are "most valuable," but he does not tell us what they are nor what they are supposed to do. The only other medicines he mentions by name are "the antipyretics prepared in the chemical laboratory.—phenazone, acetanilide, phenacetine, etc.—which, when judiciously given, may be of conspicuous service." A very cautious pronouncement in their favor! Having joined the ranks of the bacteriologists, at least nominally, Dr. Roberts was obliged to say something nice about serum-therapy. He says its effects are "very remarkable,

### "Great Results in the Future."

and promise great results in the future." This is the stereotyped phrase of almost all authorities of the old school; while admitting the lamentable condition of their present therapeutics, they always pretend they have something up their sleeve that will do mighty things "in the future." They generally say "in the near future," but Dr. Roberts will not go so far, or, I should rather say, will not promise such a near advent of the therapeutic

millennium. But, though he seems to damn serum-therapy with faint praise at first, he speaks rather differently of it a little farther on. "It cannot be too strongly insisted upon that every member of the medical profession ought to avail himself or herself (evidently there were some lady-doctors among his audience) to the full of any method of treatment which bacteriology offers us, provided it has been scientifically and practically proved and demonstrated to deserve our confidence." Ay, there's the rub! For if we are to wait for a practical proof and demonstration of the excellence of serum-therapy until some indefinite time in the future, and some very unlikely thing happens, we may never have a chance of availing ourselves of this anticipated wonderful method of cure. Methinks I hear the zealous practitioner, who has so long been deluded by such promises of future bliss, impatiently

**"Cut the Cackle."**

exclaiming to his hopeful teacher: "Cut the cackle about the future, with which I am not concerned, and tell me about the present, which alone interests me." Notwithstanding his disparagement of serum-therapy in one place, he speaks elsewhere of its "immense value" and of it having been used, whether successfully or not he does not say, in hydrophobia, diphtheria, tetanus, enteric fever, scarlatina, cholera, pneumonia, septicæmia, anthrax, glanders, plague, tuberculosis, leprosy, and cancerous or sarcomatous growths. He includes the preventive treatment of small-pox by vaccination in the list, but this belongs to quite another category, as every one knows. The orator who followed him,

**Doesn't Favor Serum.**

Mr. Robson, was still less favorably disposed towards serum-therapy. "It was hoped," he says, "that the principle of serum-therapy, which has been so eminently successful in the cure of diphtheria (there are many who maintain that the success of the injections is altogether owing to the carbolic acid they contain), would also be applicable in the case of bacterial diseases. Unfortunately, however, our hopes have not been fulfilled, as not only have the sera thought to be applicable to other diseases failed to do good, but in some cases actual harm has resulted." Still, like a good allopath, he is hopeful, for he adds, "I feel sure that it is destined to revolutionize our practice"—and cause a boom in coffins, he might have added.

### Surgery.

The address of Mr. Robson, from which I have just quoted, is quite different from the other two. It is on surgery, by a specialist in that branch of the art. While the medical specialist, with a history of three thousand years of his art, has to apologize for its deficiencies and imperfections, the surgical specialist, whose art may be said to date from the seventies, when anæsthesia and asepsis inaugurated a new era, is able to boast of a progress towards perfection of technique and a success in life-saving that are the astonishment of the world. Medicine, with all its three thousand years of existence, has never been and never will be an art, until it adopts the only rational therapeutic rule, which we owe to the genius of Hahnemann; surgery has always been an art, but its evolution was hampered until the discovery of anæsthetics and the practice of scrupulous cleanliness enabled it to perfect its practice. Operations which were formerly regarded as impossible, or when performed were almost always fatal, are now quite frequently performed and almost always successful. In the thirties I was dresser to one of the most daring and dexterous surgeons of the period, Mr. John Lizars. He was a most accomplished anatomist; I think he taught anatomy before taking up surgery as his exclusive profession; at all events, he published a large volume of colored anatomical plates, much superior to anything of the sort that had previously appeared. His brother, who was a very skillful engraver, enabled him to do this. When I became his dresser he had already been one of the chief surgeons of the Royal Infirmary for many years, and he delivered lectures on surgery at the Medical School. Being such a thorough anatomist, Johnny, as we affectionately called him, thought that he was quite equal to the performing of any operation that had ever been heard of or had never been thought of. He performed several ovariectomies

#### Surgery in 1830.

before 1830. I think they all died. His museum, which was principally occupied by specimens of the various organs and limbs he had deprived patients of, was considered one of the curiosities of the city, and was visited by all foreign surgeons who came to Edinburgh. I remember an eminent Italian surgeon—I forget his name—being shown over the museum by Johnny's nephew. He was struck by a uterus displayed in a bottle. Never having probably heard of such an operation, he asked how long the pa-

tient had survived the removal of her uterus. The nephew called out to Johnny, who was in his study downstairs, "Uncle John! how long did the woman live after you cut out her womb?" "Four-and-twenty hours!" the great operator cheerfully replied. And now ovariectomies and hysterectomies are performed everywhere with quite an insignificant mortality. Perhaps, if death were to follow the operation, as in the Lizars case, twenty-four

#### It Might Be More Merciful.

hours after the operation, it might be more merciful in the case of some of the operated whom I have known. I am quite aware of the immense benefits to suffering humanity that have resulted from the magnificent progress that operative surgery has made during the past three decades, but its very success has led to operations involving serious mutilations, some of which have been followed by a life of miserable suffering to which death itself would have been preferable. But the cases where the improved surgical methods have transformed a life of perpetual suffering into one of comparative comfort and ease are so overwhelmingly greater in number that we must acknowledge the position surgery has attained to be one of the greatest and most beneficent triumphs of humanity of this or any other age. To those who, like myself, received their surgical education in pre-anæsthetic times, the contrast between the surgery of those days and of the present time is very striking. Then the surgeon, often arrayed in an old blood- and secretion-stained coat, and with unwashed hands, and accompanied by his acolytes, similarly unwashed, who handed him his instruments, perhaps only slightly wiped after much previous use, set about his operation. The trembling patient was laid on the table and held down firmly by the assistants, and the surgeon did his work, often to the accompaniment of the screams and struggles of his tortured victim. Under these painful circumstances, the operator, to spare the patient's agony and his own feelings, often hurried through the operation too quickly for the extreme care required by his delicate and intricate work. Or sometimes the struggles of the patient would disconcert the surgeon and unsteady his hand, thereby prolonging the operation unduly. Now, our surgeons array themselves in a clean white blouse; patients, assistants, nurses, and instruments, sponges and ligatures are kept scrupulously clean; the surgeon goes about his work leisurely and undisturbed by groans or struggles; the patient feels nothing, and

when he wakes from his artificial sleep often he is incredulous as to any operation having been performed upon him. The effect of

### No Longer Dread Operations.

these vast improvements in surgical practice has been that patients no longer dread operations as they used to; they will rather have their disease removed quickly and painlessly by the surgeon's knife, even should it involve the loss of an important organ, than submit to the slower process of medical treatment, which, more tedious, is, as they know, often less successful than the surgical. This increase in the number, actual and potential, of surgical patients has been met by a corresponding increase in the number of operating surgeons. The fascination of a calling which, demanding a thorough knowledge of anatomy and the possession of manual dexterity and nerve, accompanied, too, by the prospect of fame, emolument and the chief honors of the profession, is irresistible by the ambitious young aspirants to medical fame, so the number of surgeons goes on increasing, whilst that of physicians declines proportionally.

The addresses of the protagonists of medicine and surgery at the recent meeting of the B. M. A. at Swansea, present the relative attractions of the two great departments of the profession in striking contrast. The representatives of medicine did little more than repeat some of the extravagant utterances of the bacteriologists; they had no new methods of treatment of disease to communicate, no new medicines even, only a faint hope that in the near or distant future some good remedies might be found in that outcome of bacteriology—serum-therapy. Not even one word of hope respecting "opotherapy," or the treatment of disease by the extracts of organs of animals, which seems to have

### The Late Lamented.

departed to the well-filled limbo of discredited medical methods. On the other hand, the address of the representative of surgery was a triumphal song from beginning to end. He gave statistical information relative to the extraordinary success of operations of the most difficult and, till recently, of the most dangerous character. Who can wonder at the preference shown by the young members of the faculty for the surgical rather than the medical branch of the profession? And as soon as they become operative surgeons, they cease to interest themselves in therapeu-

tics, the futility of which they are convinced of and usually have little hesitation in proclaiming. The fascinations of surgery have seized on many members of our school, but have not alienated them from their fidelity to Homœopathy; some of our best surgeons, who are in no way inferior in skill to the best of the allopathic fraternity, are also most loyal and devoted adherents to the system of Hahnemann, which they find of immense value and assistance to them in the treatment of their surgical cases.—*Hom. World.*

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### WAS IT THE DRUG?

By F. M. Hamblin, M. D., Baltimore, M. D.

The young practitioner in medicine is destined to be brought face to face with many problems, some of them most seriously perplexing. But, perhaps, one of the most interesting will be the reason of some of the startling, we might say, marvelous cures that he will make. This sounds paradoxical, but he will make them, no matter how ignorant of the *Materia Medica* he may be; and often the prescriber himself will be more surprised than his patient, who, in all probability, has had confidence in the physician and his remedies.

The young doctor will, perhaps, be quite as surprised as was the Professor of Nervous Diseases in one of our large homœopathic colleges. He was called in consultation to see a young woman, who for some time had lain in a trance, unable to be in the slightest degree aroused. By way of experiment, but, as he confessed, in little faith, the professor said: "To-morrow, at three in the afternoon, this girl will awaken. She will immediately ask for food, eat it, and at once resume her usual mode of life." Making a few passes over her, he left the house. Next day the doctor's mental equilibrium was greatly disturbed when the attending physician shouted over the wire that the patient had done just what the professor had said she would do. A few months later the same patient fell into the same condition; but all the passes, all the prophesying, all the "hocus pocus" was of no avail.

Just so with the young doctor's drugs. If he will, even in desperation, break away from the tincture, the first decimal, the second and the third, and go higher, in well-selected cases, he

will see impressive and marvelous results. He will feel, with some justice, that he has worked miracles, like our own professor, and only the second attempts, perhaps, ending in failure, like his, will bring him down to earth and set him to seriously wondering "Why?"

The writer is not a born homœopath. He was made and that by an older homœopath. He turned from the doors of a prominent old school college even after matriculation, being converted by seeing signs and wonders and by feeling the full force of the logic of facts. Yet there still lingered after graduation a tinge of the old faith. Enough to make him like to see the green, the brown, the gold of strong tinctures, and to desire that his patient be just able to taste *something* in the medicine prescribed.

There came some cases that did not yield to the low dilutions. The situation grew serious, the doctor unhappy. It was then that, once in a while, the high potencies were used always with clear-cut indications.

This early practice was among the insane at a private sanitarium. It is the purpose of this article to review briefly a few cases:

Case I.—Miss T, aged 24 years, of good family. The father died suddenly, leaving them in circumstances much reduced. This young girl, wholly ignorant of the world, entered the training school for nurses in a large city hospital. Six months' work broke her down. She left the institution at night and was found at the house of a relative suffering with acute mania. The case ran a typical course, and in a few months the patient was convalescent, sinking into that quiet which, if care is not exercised, is so ominous, proclaiming all too plainly that the fire of the past has burnt too severely into the delicate brain structure. All the former fury was gone. The girl was perfectly docile, but she wept continually all day and all night. When she spoke it was to recall the past bitterly. Consolation brought only reproach or tearful indifference. *Natrum mur.*, 200th, in trituration, was prescribed t. i. d. After the second dose the weeping stopped, the girl's natural vivacity rapidly returned. She was saved from dementia, and was soon discharged cured. Now, was it the drug?

Case II.—Mrs. S., a young woman of 26. She had married a wealthy bachelor above her station. After a six months' trip in Europe they returned to a splendid home in the West. The girl was most anxious to please her husband, and had worried greatly

because she might not prove an acceptable housekeeper. There was no reason for this attitude, since her husband was most considerate. Insomnia developed, followed by an attack of melancholia agitata of great severity. Delusions of persecution of herself and husband, hallucinations of sight and hearing were all pronounced. Night and day nurses were in almost constant attendance.

Now, this patient had one peculiar symptom—one not often found in a melancholia of this type. She strived, probably influenced by some delusion not expressed, to hide her grief from others—becoming in their presence hilariously happy; assuming, as it were, an acute mania. Yet, when she thought she was alone, her mental agony was very great. It was most pitiable. This patient was isolated, and the usual hygienic and dietetic treatment with the apparently indicated remedy given. A number of remedies were prescribed with no effect. After several weeks the patient was, if anything, more violent when observed, more heart-rendingly sad when apparently alone. On this one peculiar symptom, *Ignatia*, 200th, dilution in water, was given. The effect was magical. A few days gave evidence of splendid improvement. The patient listened to argument. Finally, she exclaimed: "I understand it all now. I have been ill." She asked for a calendar and marked off the days she had been at the sanatorium. Then she dictated a telegram to her husband, asking him to come for her. There was nothing to do but discharge her as recovered, after two weeks more had been spent as a guest, rather than as a patient. Now, was it the drug?

Case III.—Miss B., aged 38, suffering from chronic melancholia, was subject to very severe headaches. They seemed to be of a neuralgic character, but always resulted at the acme in bilious vomiting. So severe and uncontrollable were these attacks that often migraine tablets or other sedatives were used as palliative and humane. It seemed a clear case for *Spigelia*. The pain was burning and tearing, and any noise or jar would cause the patient, who usually sat impassive and indifferent, to groan in her agony. Stormy weather was another aggravation. At every change to dampness these pains would begin in the occiput, run over the head and settle invariably in the left eye. Again and again we said: "It is *Spigelia*." But *Spigelia*, 3d and 6th, did not relieve. Finally, during the vomiting of one attack, perhaps more serious than the others, *Spigelia*, 200th, was used.

Not quite regularly, I admit, the second dose was ordered to be given in fifteen minutes. It was not needed, for the patient was quietly sleeping. We never failed to control these headaches almost immediately thereafter. Now, was it the drug?—*Am. Med. Monthly.*

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### PAREIRA BRAVA IN RENAL COLIC.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
August 13, 1903.

Dr. Sieffert, in the *Revue Homœopath. Française* (April, 1903), speaks of the brilliant effects of *Pareira brava* in renal colic. He is the more reliable a witness since he has been for years suffering from renal gravel, and has used this remedy on himself in occasional attacks of renal colic.

C. Hering describes the action of this remedy on the urinary organs: An almost cartilaginous induration of the mucous membrane of the bladder; continual urging to urinate, with violent pains in the glans penis; pressure, with pains, even to screaming; the patient throws himself on all fours in order that he may urinate. The urine contains a quantity of thick, white mucus that can be drawn out in threads, or it deposits a red, sandy sediment. Pains along the thighs when straining to urinate. The urine has a noticeable ammoniacal smell.

*Pareira brava* is analogous with *Berberis* in many respects, but the urine of *Berberis* is more mucus and tough than that of *Pareira brava* and deposits a copious, clayey sediment of dark yellow color. On the other hand, the pains in *Pareira* extend down the thighs, even into the legs, while those in *Berberis* seldom pass beyond the region of the hips.

The attack of renal colic with Dr. Sieffert was usually preceded by a long-continued, painful, convulsive sensation in the glans penis. At the same time there appeared tenesmus vesicæ et ani, allowing the urine to discharge only a drop at a time. After two hours tearing pains along the thighs set in, and the regular attack proceeds. Dr. Sieffert takes during the attack, following P. Jousset's practice, a dilution of *Pareira brava* 12, six drops in two hundred of *Aqua distillata*, a tablespoonful every half hour. In the free intervals he takes, for a week, twice a day *Pareira* 6. or 12., followed by a pause of four days. He thus proceeds for four months.

Lately, however, these doses have not proved sufficient, and so he employed the following procedure: As soon as the convulsive twitches in the penis set in he at once takes four drops of the mother tincture, then, every quarter of an hour, he takes two drops of the 6. C. dilution, making at the same time free use of milk, unless this causes vomiting. Thus he escapes the extremely severe tearing pains. In a short time copious micturition appears, followed by a refreshing sleep. On awakening all the symptoms are relieved.

The remedy has proved equally effective in tenesmus vesicæ, as also in strangury. Richey Horner has also recommended it in neuritis cruralis anterior.

In Brazil, the home of the plant, which belongs to the family of the Menispermaceæ, *Pareira brava* is used as a diuretic, an emmenagogic and a febrifuge, and externally also in orchitis.

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## SCARLATINA COMPLICATED WITH ADENITIS AND ARTHRITIC INFLAMMATIONS.

By Dr. Leon Simon.

From the CLINIQUE DE L'HÔPITAL, HAHNEMANN, Paris.

A girl of seven years was received March 25th; dismissed cured April 30th, 1903. The cutaneous exanthem with smooth scarlatina began March 24th; it occupied especially the body and the limbs, less in the face. The throat symptom was of little intensity; the general condition was pretty good, but the temperature high, 39.8° (103.6° F.). *Belladonna* 6, three drops in 125.0 of water, one spoonful every three hours.

March 26. Temperature in the morning, 100° F.; in the evening, 100.4°. *Belladonna* continued.

March 27. Morning temperature, 100°; evening temperature, 102.7°. A sharp secretion from the nose, making the nostrils sore and the upper lip. The little girl is prostrate. *Mercurius sol.* 6, three drops at a dose.

March 28. Morning temperature, 100.8°; in the evening, 103.3°. Pretty severe pains on swallowing; the throat is red, but the tonsils are less swollen; there is no coating or exudation. *Aconite* 6.

March 29. Temperature in the morning, 100°; in the evening, 104°. The same condition of throat, but with a considerable

swelling of the submaxillary glands on both sides. *Apis* 6. Five drops.

March 30. Temperature in the morning,  $103^{\circ}$ ; in the evening,  $104^{\circ}$ . The cellular tissue around the glands is inflamed, the skin is red, no fluctuation, but everything seems to threaten the formation of an abscess *Merc. sol.*, 3 trit., 0.10, and *Hepar sulph.*, alternating every three hours.

March 31. The temperature much lower, but else there is little change either in the general or the local condition. Temperature in the morning,  $100^{\circ}$ ; in the evening,  $103^{\circ}$ . The same remedies.

April 1. An outbreak of arthritic inflammation gives an explanation for the previous rise of temperature. The joints of knee, ankle and wrist are involved. All these joints are swollen, red and very painful; the tongue is dry, parched at the tip, with a sooty coating. Albuminuria, which set in some days ago, is now pretty severe, but no œdema is noticeable. Temperature in the morning,  $102^{\circ}$ ; in the evening,  $102.6^{\circ}$ . *Ailanthus glandulosa*, five drops.

April 2. The temperature is still somewhat higher; in the morning,  $102^{\circ}$ ; in the evening,  $103.1^{\circ}$ ; but the general condition is worse; the glandular swelling has even diminished somewhat. Continued.

April 3. Temperature not over  $102^{\circ}$ , and on the morning of April 4th it had sunk to 99.6. Since then the temperature has steadily diminished daily by one-half degree or so, with daily fluctuations of two to three degrees. The arthritic affection and throat gradually improved. The albumen in the urine has quite disappeared. *Ailanthus* was continued till April 8th. On the 10th of April the child was fully convalescent, needing no more medicine.

The course of the disease was irregular up to the close, for the desquamation took place in the form of fine scales. The large flakes usually peeling off from the extremities did not appear.

The author says in conclusion:

"I hesitated for some time before giving *Ailanthus*, because the exanthem from the first day had shown itself copiously and did not exhibit the livid color usually in this remedy. Otherwise, however, all the symptoms observed in the child are found in the pathogenesis of the remedy, so that it might well have been given at an earlier stage, *e. g.*, the copious, clear, ichorous secretion without any odor from the nose, congestion of the nostrils, the

painfulness of the cervical glands, the swollen and sensitive throat, the dry chapped tongue, like parchment."

Another case, still in the Hôpital Hahnemann, has many analogies with the present case, but took quite a different course. The child also had a secretion from the nose and an inflammation of the submaxillary gland on the right side. It received *Belladonna* 6 on the first day, and afterwards for three days *Ailanthus* 6, but without any decided success.

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### ANACARDIUM.

Hahnemann says: "The following symptoms indicate the use of *Anacardium* with tolerable certainty:

"Hypochondriac, sullen mood; depression of spirits; *dread of men*; fearfulness; apprehension of near death; deficiency of moral feeling (depravity, flagitiousness, inhumanity, hard-heartedness), sensation as if he had two wills, one of which repels him from what the other leads him to do; sensation as if the spirit were disunited from the body; desolate emptiness of the head; headache pressing from the temple towards the eyes; headache in the occiput, arising from wrong stepping and great noise *Weakness and dimness of the eyes*; nets and dark spots before the eyes; painful swelling of the ear; itching in the ears; running at the ears, grumbling in the ears; roaring in the ears; *surdity*; bleeding at the nose; fœtid odor from the mouth, without his perceiving it; accumulation of water in the mouth; feculent taste in the mouth; violent thirst; want of appetite; nausea early in the morning; weakness of the stomach; difficult digestion; oppression at the pit of the stomach, early in the morning on waking up; oppression at the liver; hardness of the abdomen; blood with the stool; varices of the rectum, sometimes painful; itching of the arms; humour eking out at the rectum; burning in the glands before and after micturition; involuntary erections during the day; there is but little enjoyment in coition; leucorrhœa with itching and soreness; feeling of dryness in the nose; obstruction of the nose; chronic coryza, and discharge of mucus from the nose; expectoration when coughing; rattling in the larynx, when lying on one side; stitches and heaviness in the fore-arm; tensive pain and *weakness in the arm*; trembling of the right hand; burning of the soles of the feet; weight in the limbs, especially in the knees;

tremulous lassitude; want of irritability of the skin, which cannot be excited into itching or becoming moist by the use of resin; sensitiveness to cold and draughts of air; *catching cold easily*; falling asleep late; anxious dreams; chilliness; sweat when sitting.''

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## THE PRICE OF ALCOHOL.

The price of alcohol is kept high by reason of the governmental tax and through the machinations of combinations, yet if the duty and revenue tax were taken off it could be manufactured here as cheaply as anywhere. The temperance question does not enter into the question at all, since experience with whiskey shows that it will be used as a beverage without regard to price, and tax or no tax, duty or no duty. The duty and tax has an immense influence on the cost of medicine, and every physician of every school is interested in this matter.

Outside medicinal uses, the physician could use alcohol in large quantities to great advantage for fuel and lighting purposes if the cost permitted. In Germany alcohol is tax and duty free. It sells there at fourteen cents a gallon. It is made from beet roots and is used as fuel and for lighting purposes. Lamps are used there with a mantle something after the Welsbach, with alcohol as fuel, which gives a more brilliant light and costs less to run than the ordinary oil lamp. Motor wagons and engines under twenty horse power use it extensively.

Now if the great oil trust could be coerced into silence, and our astute representatives would open their eyes to common justice, the people might reap abundant benefit.—*The Medical Summary.*

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## PYROGENIUM.

By J. S. Hunt, M. D., Santa Monica, Cal.

A few years ago my attention was called to this remedy as being possibly serviceable in combating certain diseases in which there are conditions of actual blood-poisoning. Upon investigation it was found that information in regard to its usefulness or symptomatology was very meager the most authentic being a

treatise by Dr. J. Compton Burnett, entitled, "Fevers and Blood-Poisoning and Their Treatment, With Special Reference to Pyrogenium"

Men who show particular zeal in following new lines of thought or action are often accused of being visionary, and Dr. Burnett has not escaped this accusation. It must be acknowledged, however, that he has been an ardent student and that he has favored the medical profession with many pertinent suggestions.

In his preface he says:

"Experience teaches that over-praise is the bane that blights new remedies, and I would be very chary in praising *Pyrogenium* too much, still I have more than half a conviction that the action of *Pyrogenium* in the pyrexia from blood-poisoning comes very near to one's conception of a specific; however, let it go forth and fight its own battles, which I think it is well able to do."

The remedy was first introduced to the profession by Dr. Drysdale, of Liverpool, who very tersely calls it the "*Aconite* of the typhus or typhoid quality of pyrexia."

The favorable experience of Drs. Drysdale and Burnett led me to give the remedy a careful test in my practice, with the result that I have no hesitancy in giving it my unqualified endorsement, for their experience and observation has been borne out many times.

Dr. Drysdale's deductions are so very explicit that you will pardon the quotations. He says in part:

"It is practically true that no other known substance induces idiopathic pyrexia certainly, directly and at will after a given dose. This directness and certainty of action ought to make it a remedy of the highest value, if it ever can be used therapeutically; and if the law of similars is applied here as it is in so many other instances, we ought to find it curative in certain blood disorders to which its action corresponds pathologically."

In order to put this suggestion to the test practically let us first shortly sum up the symptoms and pathological changes caused by *Pyrogen* freed from all bacterial, self-reproductive or transmissible cause of disease. In a series of experiments by Dr. B. Sanderson on dogs, after a non-fatal dose of *Pyrogen* (*i. e.*,  $1\frac{1}{4}$  cubic centimetre of the aqueous solution per kilogram of body weight, or  $\frac{1}{2}$  grain of the solid extract for an ordinary sized dog) the animal shivers and begins to move about restlessly; the temperature rises from  $2^{\circ}$  to  $3^{\circ}$ , the maximum being reached at the end of the third

hour. There is great muscular debility and vomiting, followed by feculent and thin mucus, and finally sanguinolent diarrhœa and tenesmus.

These symptoms begin to subside in four or five hours, and the animal recovers its normal appetite and liveliness with wonderful rapidity.

I mention this fact as proving that the septic poison has not the slightest tendency to multiply in the organism; and, secondly, as rendering it extremely probable that when death occurs it is determined not so much by alvine disorders, which are so prominent, as by the loss of power of the voluntary muscles and of the heart.

Again he says: "As *Aconite* is well known to be the most important of the remedies for the synochal or inflammatory pyrexia, so the most summary indication for *Pyrogen* would be to term it the *Aconite* of the typhus or typhoid quality of pyrexia.

"This being a condition and not a distinct disease, it is to be looked for as occurring in a variety of diseases, such as the typhus and enteric fevers themselves, always, and more or less it may occur in intermittents, so-called bilious remittents: in certain varieties or stages of the exanthemata, especially scarlatina, measles and small-pox; of dysentery and of epidemic pneumonias, diphtheria, etc. From the gastro enteric symptoms *Pyrogen* may possibly also apply to some stages of cholera and the yellow fever. It is, of course, to be distinctly understood that this substance is only recommended at certain stages and phases of these diseases, and entirely as a remedy of a secondary or subordinate character, and not in any sense as a specific for the whole disease."

As showing the practical utility of *Pyrogen* in its remedial aspect, Dr. Burnett cites several interesting cases, principally relating to its use in typhoid fever. My own experience with the remedy in this disease has been very satisfactory.

I will not take up your time to give particular instances. Suffice it to say that it forms an important part of the treatment in all cases where the symptoms point to septic contamination of the blood.

In pneumonia it has proven its worth on many occasions, and likewise in diphtheria and scarlet fever. A test was made in several cases of puerperal fever with most gratifying results.

A striking feature of *Pyrogen* is the rapidity of its action, especially in bringing down the temperature, the benefit following its

administration being often so marked as to admit of no question regarding its efficacy.

While Homœopathy has won many laurels by the action of a few well-known remedies in the treatment of the above-named diseases, and while comparative statistics show a decided advantage in favor of our school in the management of these cases, it is still a matter of disappointment that we are sometimes compelled to witness a complete failure of all our efforts to prevent a fatal termination, and that, too, after careful selection of apparently indicated remedies. It would appear from this that there is a niche to be filled by some remedy or agency, and, as *Pyrogen* covers the totality of symptoms in these septicæmic conditions as nearly perhaps as any other remedy, it should be given an opportunity at least to show what it can do, or "to fight its own battles," as Dr. Burnett puts it.

*Pyrogen* is mentioned in Dr. Boericke's *Manual of Materia Medica*, and is recommended from the 6th to 30th and higher potencies. My experience has been with the 12th to 30th, secured from Boericke & Tafel.

In closing, let me urge a careful study and research as to the merits of this remedy, for it will well repay persistent investigation.—*Pacific Coast Journal of Homœopathy*.

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## BOOK NOTICES.

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**Syllabus of Lectures on Physiology.** By WILLIAM H. BIGLER. A. M., M. D., Professor of Physiology and Pediatrics, Hahnemann Medical College, Philadelphia, Pa. Second Edition. Revised and Enlarged. 205 pages. Flexible, \$1.25. Postage, 7 cents. Interleaved, \$1.50. Postage, 10 cents. Philadelphia, Boericke & Tafel. 1903.

The first edition of this work appeared about 1900, and proved to be so popular with the students of various homœopathic medical colleges, that a new edition was soon demanded and here it is. The author has taken occasion to revise, re-write in parts, add new matter and bring his work up-to-date. The author says that it is a physical impossibility for students to keep the pace of a four year course by means of studying the voluminous text-book, and

therefore, the student should be furnished with a guide by which he can, with the least expenditure of time and energy, review the subjects, in this case physiology, and fix in his memory the salient points in a form most easily recalled. This has been done in an able and masterly manner in this book, and it will be of immense assistance to any medical student, and it would be well for all of our homœopathic colleges to adopt it as a text-book, being, as it is, an up-to-date work and coming, as it does, from the pen of a good brother homœopathic physician.

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**Wathen's Epitome of Histology.** A Manual for Students and Physicians. By JOHN R. WATHEN, A. M., M. D., Professor of Surgery, etc., formerly Professor of Histology and Pathology, Kentucky School of Medicine, Louisville, Ky. 12mo, 220 pages, 114 illustrations. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1903.

Dr. Wathen has written much more than a compend. His experience in teaching the subject has posted him thoroughly on the needs of the student—the difficulties to be met, and the best way to acquire a solid knowledge of this most important fundamental branch of medicine. This little volume presents a compact, compendious teaching manual. The amount of well-arranged information it contains is amazing, and its value to the medical student, especially when used in connection with a larger reference book such as Szymonowicz's sterling work, cannot well be overestimated. The author has not only given clearly and concisely the essentials of his subject proper, but he has also included references to Embryology that will greatly aid in a correct understanding of Histology and a better appreciation of Pathology. A special chapter is devoted to the technique of preparing and staining tissues.

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**Quiz Compend No. 7. Compend of Gynæcology.** By William H. Wells, M. D., Chief of Gynæcological Staff of the Mount Sinai Hospital, Philadelphia, etc. Third edition revised and enlarged, with 145 illustrations, 293 pages. Cloth, 80 cents, net. Philadelphia, P. Blackiston's Son & Co. 1903.

One of those valuable little compends that give to the medical student all that he *must* know on a particular subject in order to write "M. D." after his name. Of course when it comes to "treatment," we think, naturally, that the homœopaths can do far better, but aside from this part the book is all that can be desired.

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**Hale's Epitome of Anatomy.** A Manual for Students and Physicians. By HENRY E. HALE, A. M., M. D., Assistant Demonstrator of Anatomy College of Physicians and Surgeons (Columbia University), New York. In one 12mo volume of 384 pages, with 71 illustrations. Cloth, \$1.00, *net.* Lea Brothers & Co., Publishers, Philadelphia and New York. 1903.

Dr. Hale has given the essence of the entire science in a convenient little volume which may be carried in the pocket. The complete outline of Human Anatomy is given, every step being taken in natural sequence, so that the student gets a correct perspective of the entire subject into which the details from his "Gray" may be readily fitted. Moreover, for the convenience of quizzing, as well as for self-examination, a series of practical, pertinent questions is placed at the end of each chapter in small type, taking up little room, where they may be used or not. This is an improvement over the old plan of separating paragraphs with questions, which interfere with connected reading or study.

Illustrations are used throughout the volume wherever the understanding can be better helped by the combination of text and pictures, and the price of the volume (\$1.00), based upon the certainty of a very wide usage, is low enough for every student's purse.

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**Clinical Treatise on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Prof. Carl Von Noorden, Physician in Chief to the City Hospital, Frankfort, A. M., Authorized American Edition. Translated under the direction of Boardman Reed, M. D., *Nephritis.* 112 pages. Cloth, \$1.00. New York, E. B. Treat & Co. 1903.

The American editor says of this work: "Prof. Von Noorden's

handling of the subject of Nephritis in the following pages is bold, original and somewhat iconoclastic. He rides rough shod over moss-covered tradition. Nothing is sacred to him but indubitably demonstrated truth. He has a way, too, of confirming or refuting alleged truths for himself, taking nothing for granted." The book is very interesting reading and medical iconoclasts are as much needed now as they were in Hahnemann's time.

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**The Physician's Visiting List** for 1904, fifty-third year of its publication. Price \$1.00, *net.* Philadelphia, P. Blackiston's Son & Co., 1012 Walnut Street.

This book is to our friends on the other side of the medical fence what Faulkner's is to the homœopaths. An excellent and elegant visiting list.

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The following notice comes to us from India with request to publish it in the interest of a new journal :

Homœopathy does not now lisp its first words in India. It has spread into every nook and corner of our country. A good Journal is the true vehicle for the dissemination of its principles ; but unfortunately a good Homœopathic Journal is the crying need of India. To remove this long-felt desideratum, and at the earnest solicitation of our numerous customers and well-wishers, we have made up our minds to start a monthly Homœo. Journal (Indian Homœo. Reporter) from October, 1903. The Journal will be edited by an eminent doctor of our own School of Medicine who has secured high honours from foreign countries. And withal some eminent homœopaths of America and Europe have kindly consented to regularly contribute to our Journal. Nobody can expect to be a good homœopath without mastering our *Materia Medica* and studying the clinical cases published in the Journals. One half of the Journal will be in English, and the other half in Bengali. The price will be Rs. 2-8 per year. Those who wish to subscribe, may now intimate their desire to us. We do not want the price now. They may send the price later on. Our Journal will teach, advocate, and exemplify Homœopathy, and we will be responsible for the regular appearance of the Journal.—*Managing Director, Hahnemann Home, 21 and 22 College Street, Calcutta.*

# Homœopathic Recorder.

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## EDITORIAL BREVITIES.

A JURY'S DECISION ON SURGEON'S FEES.—“A recent decision by a Detroit judge has caused much comment among the physicians of the city. A homœopathic surgeon operated upon the wife of a successful business man, performing a pan hysteromyomectomy. The patient lived a few days after the operation and then suddenly collapsed and died. No fault was found until the surgeon sent his bill of six hundred dollars, whereupon the husband refused to pay it, because it was, as he said, excessive. The surgeon sued. No testimony was introduced to show that there was any neglect or that the operation was unskillfully performed, the sole claim being that the charge was excessive. In spite of testimony from local surgeons that the operation was worth from five hundred to one thousand dollars, the jury brought in a verdict of two hundred and fifty.”—*Medical Councillor*.

TAKE YOUR CHOICE.—“Salicylic acid, in rheumatism, causes great depression of the heart, increases the liability to cardiac complications, causes irritability of the stomach, and places the patient in a weak and debilitated state.”—*Loomis*.

“Of superlative value in rheumatism.”—*Hare*.

A RADIUM QUERY.—“But now a word questioning this new force, or rather, I should say, this recently discovered force. Is it a something locked up in the mass of radium, or is it something that touches us because the element radium either hinders a flow of unknown energy that we cannot feel without its intervention, or accelerates the flow of unknown energy otherwise imperceptible to us?”—*John Uri Lloyd, Ec. Med. Journal, Nov.*

WARNING AGAINST SALT SOLUTION.—At the February meeting of the Obstetrical Society, at Philadelphia, Norris sounded a

word of warning as to the use of salt solution. He has found in some cases that an excessive amount of salt solution has aggravated the condition of the kidneys and produced œdema of the lungs, and helped to do the very thing one aims to avoid. He places as a limit one quart of salt solution and no more, until free diaphoresis and diuresis or catharsis has occurred. When there is œdema of the lungs it should not be employed at all. He says: "I have seen œdema of the lungs aggravated and the patient's serum run out of her mouth as the result of too free use of salt solution. Large amounts of salt solution are of greatest value when profuse catharsis from saline purges has occurred."—*Modern Medicine*.

THE ACTION OF OLIVE OIL ON MICROBES.—An editorial calls attention to the value of *Olive oil* when used in operations which leave freshened surfaces, when there is an effusion of lymph, or when there is irritation or inflammation of the pelvic or abdominal organs or the peritoneum. The results obtained have been excellent. Irritation and inflammation are allayed and adhesions are prevented. As to the action on microbes, it is found that micro-organisms can and do live in oil, but perhaps do not act with their usual virulence. They multiply, but very slowly. The author says that although bacteriology does not give absolutely satisfactory data, clinical results have been so excellent that he has no choice except to persevere in the use of this agent.—*La Revue Medicale du Canada, July 29, 1903*.

GRANATUM.—"*Granatum* has, in my hands, proved very serviceable in a few cases of cramp-like pains, high up in the abdomen, coming in paroxysms a few minutes apart and attended by morbid hunger, prostration of strength, and abortive tendency to stool. The cases were all of children; one of them a retrocession of the mumps affecting the digestive organs as above."—*Dr. John F. Gray*.

WHAT IS A BLUSH?—Dr. T. C. Minor says: "A blush is a temporary erythema and calorific effulgence of the physiognomy, ætiologized by the perceptiveness of the sensorium when in a predicament of unequilibrium from a sense of shame, anger or other causes, eventuating in a paresis of the vaso-motor nervous filaments of facial capillaries, whereby, being divested of their elasticity, they are suffused with radiant, ærated compound nutritive circulating liquid emanating from an intimidated præcordia."

## PERSONAL.

It is easy to loftily flout the homœopathic materia medica, but what will replace it?

“What is demanded just now are scientific, up-to-date physicians, who are learned in Homœopathy and who practice Homœopathy. No others need apply—for they are not wanted.”—*Hahnemannian Monthly*.

Dr. G. Siefert is translating Burnett's *Fifty Reasons for Being a Homœopath* into French.

A German advertiser offers a pound of his preparation free to anyone proving it harmful to health.

The ballet is chiefly a matter of form.

*Puck* tells of the other man who dreamed he became famous in one night, and then woke up.

Yes, Mary, he *is* a brute to say that woman should share man's troubles because she is the chief cause of them.

“The work” (Mitchell's *Diseases of the Urinary Organs*) “impresses me as being of *unusual* value to the general practitioner.” C. in *Medical Gleaner*.

It took 150 New York police to keep the women in order at the Goelet wedding.

“The *Materia Medica Pura*, a work which we do not hesitate to call the greatest work in medicine ever produced.”—*Monthly Homœopathic Review*, Nov., 1903.

Dry vaccine points are again obtainable. See RECORDER, October, page 476.

No, Mary, it is not spelt U. S. Steal.

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Dr. Bigler's *Syllabus* heads all others on the subject.

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Is there anything left for which a “serum” has not been discovered?

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For unrealities dreams can be deucedly unpleasant sometimes.

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Merry Christmas and a Happy New Year.











